



Rocky Mountain Dental Group

www.RockyMountainDentalGroup.com

(303)233-1335 • 2475 Wadsworth Blvd, Lakewood, CO 80214

Cancellation Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, that you do so with appropriate notice. We consider two business days (with no less than 48 hours) to be appropriate notice for office and dental cleaning appointments and 5 business days to be appropriate for surgery appointments. This enables another patient waiting for an appointment to be scheduled in that appointment slot.

Office appointments and dental cleanings which are cancelled with less than two business (with less than 48 hours) notification may be subject to a \$50.00 cancellation fee. Surgical appointments cancelled with less than 5 days business notice may be subject to a \$150.00 cancellation fee.

Patients who do not show up for their appointments without a call to cancel will be considered a NO SHOW. Patients who NO SHOW two or more times in a 12-month period may be dismissed from the practice and may be denied any future appointments. Patients will also be financially responsible for any and all cancellation fees.

The cancellation and no-show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. Please be aware that your insurance or Medicaid will not cover these fees.

We understand that special unavoidable circumstances do occur and may cause you to cancel within 48 hours. Fees in this instance may be waived only at the discretion of management.

Our practice firmly believes that a great office/patient relationship is based upon understanding and great communication.

I have read, understand and agree to this cancellation and no-show policy.

Patient Name (Please Print)

Date of birth

Signature of patient or patient representative

Today's Date
