



Darren M. Chugg, D.M.D.

7545 W. Bell Road, Suite 105

Peoria, Arizona 85382

(623) 487-1122

BROKEN, CANCELED, AND LATE APPOINTMENT POLICIES

Updated 01/01/2022

PATIENT NAME: _____

***Due to excessive missed and canceled appointments, we have updated our office policies effective immediately.**

We strive to provide each patient with excellent dental care and the optimal patient experience. When an appointment is scheduled, that time has been reserved especially for you. When a patient misses or cancels an appointment, we are not given the opportunity to reschedule that time with another patient who has a true dental need. **Our office can be contacted via phone/voicemail, text, or email regarding appointment situations.**

LATE APPOINTMENT POLICY

Patient Initials _____

- Please arrive on time for your scheduled appointment.
- A 10 minute grace period will be allowed.
- Late arrivals will be worked into the schedule if time allows, or will be re-appointed to another day.

CANCELED APPOINTMENT POLICY

Patient Initials _____

- To avoid any fees, 24-hour notice is required if you cannot make your scheduled appointment.
- A **\$25.00 fee per hour** will be applied for any appointment canceled without 24-hour notice.
- Patients enrolled in our Smile Plan will lose 1 cleaning for each appointment canceled without notice.

BROKEN APPOINTMENT POLICY

Patient Initials _____

- If you fail to keep your scheduled appointment and our office has not received any notification from you, you will **automatically be charged a \$25.00 fee per hour for the broken appointment.**
- Patients enrolled in our Smile Plan will lose 1 cleaning for each broken appointment.

FAMILY SCHEDULING POLICY

Patient Initials _____

- As a courtesy, we will schedule more than one family member (siblings, spouse, etc.) on the same day.
- If multiple family appointments are canceled/broken without proper notice, we will no longer be able to extend that courtesy. Family members will then be scheduled on separate days.
- All policies listed above will be applied, **per individual patient.**

***PLEASE NOTE:** Our office is closed every other Wednesday & every other Friday, as well as weekends. If your appointment is **scheduled on a Thursday, you must notify us on the Tuesday** prior. If your appointment is **scheduled on a Monday, you must notify us on the Thursday** prior.



Darren M. Chugg, D.M.D. 7545 W. Bell Road, Suite 105 Peoria, Arizona 85382 (623) 487-1122

Your dental Insurance is not responsible and will not pay for canceled or broken appointments

We understand that circumstances sometimes arise on short notice which may result in the necessity to cancel an appointment. When such circumstances occur, we will exercise discretion in the decision to apply a fee.

I have read and understand the Broken, Canceled, and Late Appointment Policies of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice at any time, and an updated policy will be provided to me.

Patient/Parent Signature: _____ Date: ____/____/____