



Darren M. Chugg, D.M.D.

6120 W. Bell Road, Suite 170

Glendale, Arizona 85308

(623) 487-1122

BROKEN, CANCELED, AND LATE APPOINTMENT POLICIES

Updated 04/10/2025

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. To provide the optimal service please make sure that you arrive on time to your reservation. **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 _____

- A 48-hour notice must be given to reschedule or cancel an appointment. A \$50 charge per hour for the appointment(s) (Ex: A 2 hour reservation would be \$100 in cancellation fees) may be applied if notice is not given.
- 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, **a \$50.00 fee per hour will be applied to the account(s) not canceled or rescheduled within the 48-hour period.**
- If you confirm your appointment and do not attend or have not canceled or rescheduled your appointment with notice; Your **account will be charged a \$50.00 "No Show" fee per hour for the broken/missed 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.**

*** Your dental Insurance is not responsible for canceled or broken appointments and will not pay the fee(s) that are associated with them. ***

PLEASE SEE BACK SIDE FOR SIGNATURE>



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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 the terms of the office policy. **I understand that this policy extends to me whether this form is signed or not by accepting Dr. Chugg and his office to be my dental provider.**

These such terms may be amended by the practice at any time, and an updated policy will be provided to me.

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