**LEVINE-VAUGHAN DENTAL ASSOCIATES**

**2018 Naamans Road, Suite 2**

**Wilmington, DE 19810**

**(302) 475-3743**

**CANCELLATION & NO-SHOW POLICY**

We appreciate you and understand your time is valuable which is why we make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you. We reserve the right to charge patients who do not cancel with adequate notice or who fail to keep their scheduled appointments. To respect the needs of all Levine Vaughan Dental Associate patients, if it is necessary to cancel your reserved appointment, we require that you contact our office **48 hours** in advance. Appointments are in high demand and your early cancellation will give another person the opportunity to access timely dental care.

A ”no- show” appointment occurs when a patient misses an appointment without cancelling 48 hours in advance. ***Missed*** appointments are an inconvenience to patients who need access to dental care in a timely manner; is inconsiderate to our doctors and team who are left sitting idle. Last minute/late cancellations are considered “no-show” appointments. We reserve the right to charge any appointment(s) broken without 48 hours’ notice. **The charge will be $50. These fees are not covered by insurance and are the sole responsibility of the patient. Fees must be paid in full prior to the patient’s next appointment.** Habitual missed/cancelled/rescheduled appointments may result in a patient being required to either pay up front prior to scheduling an appointment or this office may no longer be available to provide dental services for the patient.

Our voicemail is available for messages left after business hours, however if a message is left after business hours cancelling an appointment for the next day this will be subject to our fee. We understand that extreme/unavoidable emergencies or circumstances do arise which may require you to cancel your appointment, and individual circumstances will be taken into consideration.

Our practice passionately believes that good doctor/patient relationship is based on trust and good communication.

By signing below, I acknowledge receipt of Levine Vaughan Dental Associates Policy.

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Patient or legally authorized individual signature

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Signature Date