

Appointment Cancellation Policy

We strive to render excellent dental care to you and the rest of our patients. To be consistent with this, we have an appointment cancellation policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient without an advance notice.

Our Policy is as Follows:

We required that you give our office a 48-hour notice if you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of \$50.00 will be charged for every 30 mins you are scheduled. This fee cannot be billed to your insurance and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee. If 3 no shows or same day cancellations occur, we reserve the right to terminate the documentation relationship.

If the appointment time slot reserved for you is more than 1.5 hours long, we will require a 25% pre-payment/deposit if you have a history of 1 missed appointment or no-show appointment with us prior. If this appointment is missed, then you will be forfeiting the pre-payment.

Our office phone number is (408) 848-5040. This is both a phone line and a text line. You can call us or text us 48 hours in advance if you need to cancel or reschedule your appointment.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

I have read and understand the appointment Cancellation policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

I, _____ (print name), have received a copy of Luma Ajlouni, DDS INC. Appointment Cancellation Policy.

Signature of Patient: _____ Date: _____