

ALLAN HAMBURG, D.D.S., P.C.

Houston Northwest
Dental Associates

Woodlands
Dental-Care

Humble
Dental Associates

Conwood
Dental Associates

Champions
Dental Group

Legacy Dental

Woodlands
Dental Partners

POLICY CHARGING \$25.00 FOR MISSED APPOINTMENT/LATE CANCELLATION FEE, ACKNOWLEDGMENT AND CONSENT TO CHARGE CREDIT CARD

It is the policy of this office to charge patients a fee in the amount of Twenty-Five Dollars (\$25.00) for a missed appointment (also known as a "no-show") or for one not cancelled or rescheduled at least 24 hours in advance. Patients, therefore, must provide us with a 24 hour notice for cancelled or rescheduled appointments.

Payment of this fee is the responsibility of the patient and is immediately due upon the missed appointment or upon failing to cancel or reschedule 24 hours prior to the scheduled appointment time. We reserve the right not to schedule future visits until the missed appointment/late cancellation fee has been fully paid.

This is an express policy of our practice that is not applicable to any dental insurance or plan rules or regulations. Missed appointments effectively prohibit us from providing availability and care to patients with true dental needs. The 24 hour notice requirement allows us the time to schedule another patient that would benefit from treatment and fosters a mutual consideration and respect for our time and yours.

I HEREBY ACKNOWLEDGE RECEIVING A COPY OF THE ABOVE POLICY AND FURTHER AGREE AND CONSENT TO HOUSTON NORTHWEST DENTAL ASSOCIATES KEEPING ON FILE AND CHARGING MY BELOW CREDIT CARD THE AMOUNT OF \$25.00 FOR EACH APPOINTMENT I MISS OR FOR AN APPOINTMENT I DO NOT CANCEL OR RESCHEDULE AT LEAST 24 HOURS IN ADVANCE. IF I DO NOT HAVE A CREDIT CARD, I AGREE TO PAY THIS FEE PRIOR TO RESCHEDULING FUTURE VISITS.

Dated: _____

PATIENT SIGNATURE

PATIENT PRINTED NAME

PATIENT CREDIT CARD: ___ VISA ___ MASTERCARD ___ DISCOVER CARD

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ SECURITY NUMBER _____