



Dr. Erin Rayburn, DMD

Dr. Mitchell Guess, DMD

We are proud of the quality of patient care we provide at Serene View Dental. We try our best to be respectful of your time and we ask the same of you. We reserve appointment times for you. When you break an appointment it not only affects your health but can affect the health of others who may be in pain and could have potentially been seen in your place. Please take a moment to read over and agree to our cancellation policy.

We do know that we do not have an issue with most of our patients, but out of fairness, we would appreciate your cooperation.

--**CANCELLATIONS** and **RESCHEDULES** must be made at least **48 business hours prior** to your appointment time. If your appointment is on a Monday and you need to cancel, you must do this by the Thursday morning prior to your appointment. Failure to do this will result in a **\$50 fee**. This fee can not be filed on your insurance and must be paid before any future appointments are made.

--A **NO SHOW** appointment is an appointment that was not cancelled in advance. No shows do not give us any time to fill appointment slots, including emergency slots that could be used for someone who is in pain. The fee for a no show appointment is **\$50 for every half hour of the scheduled appointment time**.

--If you arrive **15 minutes or more late** to your appointment, this may be considered a no show thus resulting in a fee. Late arrivers will be worked into the schedule if time allows or rescheduled for another day.

--It will take two years for records to clear. Every time you miss an appointment or don't cancel in time, the two years will renew.

--Habitual offenders may be required to pay a deposit to hold appointment times. These deposits will be applied towards your procedures for the appointment unless you do not show in which case the money is non-refundable. We also reserve the right to end our relationship with patients.

Thank you for listening! Please sign and date below to acknowledge you understand. If you would like a copy of this, please request it.

Signature \_\_\_\_\_

Date \_\_\_\_\_