

COUNTY CENTER DENTAL GROUP  
Dr's Khasraghi, Changi, and Lac

**Cancellation Policy / No Show Policy for Doctor Appointments**

Our goal is to provide quality dental care in a timely manner. In order to do so we have implemented an appointment cancellation policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

**1. Cancellation/No show Policy for Doctor appointment**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. **Patients who fail to show for scheduled appointments or did not notify the office within 48 hours of their appointment time, will be charged a no-show fee of \$50 for routine cleaning appointments, restorative visits will be charged \$100 per hour scheduled and \$150 for specialist visits.** In the event of an actual emergency and prior notice could not be given, consideration will be given, and a one-time exception may be granted. **\*\* ANY SURGICAL OR PEDIATRIC APPOINTMENT SCHEDULED WITH A SPECIALIST (DR CHANGI OR DR LAC) REQUIRE 7 DAYS NOTICE FOR CANCELLATION TO AVOID A \$150 FEE (this is due to the limited availability of scheduled time with these providers who are not in the office but two days a month) INITIALS: \_\_\_\_\_**

**2. How to Cancel Your Appointment**

If it is necessary to cancel your scheduled appointment, we require that you call 48 hours in advance. **All appointments scheduled with the specialist require 7 days notice.** Appointments are in high demand, and your early cancelation will give another person the possibility to have access to timely dental care.

To cancel an appointment, please call our office 8:00 a.m. through 4:30 p.m. at (703)670-4888 and speak with our staff. You may also cancel by email: countycenterdental@gmail.com, or text (703)670-4888. **INITIALS: \_\_\_\_\_**

**3. Scheduled Appointments**

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. **If you are running late, please notify the office.**

**If a patient is 15 minutes past their appointment time, we may have to re-schedule your appointment.** These fees are not covered by insurance and if therefore the sole responsibility of the patient. **INITIALS: \_\_\_\_\_**

**PATIENT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**  
**DATE: \_\_\_\_\_**