



Knutson Family Dentistry
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Patient Acknowledgement

Appointment Cancellation Policy

Dear Patient,

Knutson Family Dentistry has instituted an Appointment Cancellation Policy. A cancellation made with less than 24-hour notice significantly limits our ability to make the appointment available for another patient in need.

To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office a **24-hour notice** in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient.
2. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled;
3. As a courtesy, our system generates reminder calls and text messages reminding you of your scheduled appointment. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
4. Repeated missed appointments may result in termination of dentist/patient relationship.
5. A **“no-show”, “No-call” or missed appointment, without proper 24-hour notification, subject to a \$25.00 fee.**
6. This fee is not billable to your insurance.

If you have questions regarding this policy, please let our staff know and we will be glad to clarify any questions you may have. A copy of this policy will be provided to you. Please sign and date below your acknowledgment.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the clinic.

Signature of Patient

Date