



Changing Lives One Smile At A Time

DMDs: W. Forrest Bryant, Jake R. Noel, B. Barry Gravitt, David G. Riley & Oral Surgeon Warren K. Bailey

BROKEN APPOINTMENT POLICY

We strive to provide quality dental care in a timely manner. Bryant Dental is a private dental practice. We reserve the time period solely for the patient scheduled. We also provide additional time in the schedule to provide opportunity for the patients to communicate with the doctor. We believe this strategy will best serve our patients.

Please appreciate our efforts in providing the best care possible. In return, we ask our patients to keep their appointments with equal effort. When making an appointment over the phone, please keep your schedule information in a place where you will easily be reminded. When making a recall appointment, we will provide a recall appointment card. Our front desk does call to confirm an appointment at least one day ahead as well.

At the same time, we do understand that unforeseeable events including emergencies may arise. If you need to cancel or reschedule an appointment, please inform our office at least 24 hours ahead of time. This will enable other patients with urgent dental care requests to fill in the spot.

Broken Appointments and Charges

For any appointment cancelled without 24 hours advance notice or missed (no show) **not due to illness or family emergency, our system counts as a “broken appointment”**. For any broken appointment, we reserve the right to charge the following:

For a broken hygiene appointment, \$25 each time

For a broken restoration appointment, \$50 each time

For a broken sedation visit, \$100 each time

Whether a fee will be charged or not will largely depend on our ability to fill the cancelled appointment slots.

Finance and Collection Charges

The finance charge for individuals is computed by a period rate of 1.50% to accounts with balances overdue by more than 60 days which is applied to the “Previous Unpaid Balance Less Current Credits”.

If accounts are more than 90 days delinquent, we reserve the right to turn the account over to a collection agency and additional collections fees will be incurred at the patient’s expense.

Thank you for your consideration and understanding. If you have any questions regarding our policies, please feel free to ask our office.

Patient (or guardian) Signature _____

Date _____