



REGIS DENTAL CANCELLATION POLICY

REGIS DENTAL CLINIC P.C.
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WE COUNT ON YOUR COMMITMENT TO US, however we understand that "life happens" and on rare occasions unforeseen circumstances arise in the most inconvenient time making it impossible to keep an appointment.

That's why our cancellation policy is remarkably simple - we ask that you keep at least 75% of your appointments or give us a minimum of 3 full business days notice so that we can offer your appointment slot to other patients. We track all cancellations regardless of reason or advance notice but only appointments canceled less than 3 full business days in advance count as "last minute" cancellations. Saturdays, Sundays and federal holidays are not considered business days so appointments for Monday canceled on a Friday will be counted as "last minute cancellation". Please also be mindful of the full 3 business day advance notice requirement when canceling appointments after holiday weekends (Labor Day, Memorial Day, etc.).

WHEN YOU CANCEL "LAST MINUTE" MORE THAN 25% OF YOUR APPOINTMENTS WE WILL ASK FOR A DEPOSIT FOR ALL VISITS. DEPENDING ON SERVICES REQUESTED, THE DEPOSIT AMOUNT RANGES FROM \$175 TO FULL COST OF THE VISIT. THIS DEPOSIT IS REFUNDABLE IF YOU KEEP YOUR APPOINTMENT. THE DEPOSIT WILL BE FORFEITED IF YOU MISS OR CANCEL YOUR APPOINTMENT REGARDLESS OF CIRCUMSTANCES.

"SAME DAY" APPOINTMENTS DO NOT REQUIRE DEPOSITS.

IF YOU'RE UNABLE OR UNWILLING TO RESERVE YOUR APPOINTMENT WITH A DEPOSIT, YOU ARE ENCOURAGED TO CALL US AND INQUIRE ABOUT "SAME DAY" APPOINTMENTS.

By signing this notice you certify that you have read, understood and agree to the terms of our cancellation policy. When you make a deposit for your visit, you authorize Regis Dental to charge your credit card for the deposit and any cancellations reserved with a deposit as outlined above. If you forfeit your deposit, you agree to not dispute the payment with your credit card company; so long as the transaction corresponds to the terms indicated in this notice.

SIGNATURE

PRINTED NAME

DATE