

Parkview Family Dentistry of Halfmoon, PLLC
173 Rte. 236
Halfmoon, NY 12118

Cancellation Policy

Please be aware that at Parkview Family Dentistry of Halfmoon, PLLC we are committed to serving our patients and accommodating their busy schedules, therefore, when scheduling an appointment, please be aware that we are reserving valuable time for you.

As a courtesy, we give out appointment cards, make daily confirmation calls and mail reminder postcards monthly to every scheduled patient.

If you need to cancel and/or reschedule an appointment, we require 24 hours notice.

Your account will be charged \$50.00 if you and/or a family member:

1. do not come to a scheduled appointment
2. do not give 24 hours notice cancellation
3. do not give 24 hours notice to reschedule an appointment

You will receive a statement when this charge has been applied.

If two or more family members are scheduled on the same day and 24 hours notice is not given, the fee will be applied for each family member.

Our popular appointment times are generally early morning and late evening. If you cancel an appointment for either of these times without proper notice, we will no longer be able to offer you a similar time slot.

Please be advised that the answering service does not accept any cancellations and/or appointment changes. All appointment changes and/or cancellations must be made with our scheduling coordinator during regular working hours or they will be considered a no show.

I understand and agree to this policy.

Signature _____ Date _____