

***Paul G. Wilke, D.D.S., A.I.A.O.M.T., A.C.N.***

Total Mouth Fitness

14310 Northbrook Dr., Suite 150

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## **NO SHOW & CANCELLATION POLICY**

Dear Patient,

Here at Total Mouth Fitness, we are constantly making the effort to not only improve the methods of the practice, but to also improve our ways of serving you, our patients, more efficiently. We always strive to keep the office appointments running on time. We consider your time as well as ours to be a priority and we appreciate each and every one of you.

As a courtesy, and to help patients remember their scheduled appointments, Total Mouth Fitness sends text messages and email reminders 1 month, 1 week, and 1 hour in advance of the appointment time. Confirming your receipt of one of these messages is very much appreciated.

We schedule our appointments so each patient receives the necessary amount of time to be seen by Dr. Wilke and staff. Therefore, it's very important that you keep your scheduled appointment with us. In the event you miss an appointment and do not show, there will be a **\$50.00 fee** charged to your account. If your schedule changes and you cannot keep your appointment, please contact us **48 hours** prior to your appointment (not including weekends), to avoid the late notice **cancellation fee of \$50.00**.

If you arrive more than 15 minutes late to your appointment, we reserve the right to re-schedule your appointment and a **\$50.00 cancellation fee** will be charged. Being mindful of traffic conditions and route construction is always helpful in determining the time needed to arrive on time to our office.

These broken fee charges are not a covered expense with any insurance company. This fee is considered the patient's responsibility. Payment for these broken appointments must be paid as soon as possible, before we see you on your next visit.

If you have any questions about this, please do not hesitate to ask any member at the front desk, as they will be glad to answer your questions. We believe that good communication is the key to excellence in dental care.

Thank you for your cooperation.

Sincerely,

Dr. Paul G. Wilke and Staff

**I have read and understood the above information.**

Patient Signature **X**: \_\_\_\_\_ Date: \_\_\_\_\_