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| .  **APPOINTMENT POLICIES** | |
| [http://ts4.mm.bing.net/images/thumbnail.aspx?q=1604082076999&id=5a7cc496e778ba8e2fcc6e6c84322f84&url=http%3a%2f%2f4.bp.blogspot.com%2f_9AMxAVZ-5hI%2fR0IORjbVRnI%2fAAAAAAAAABs%2fSzWz5Y4f-9c%2fs320%2fImage15.jpg](http://www.bing.com/images/search?q=greek+architecture+pictures#focal=9413193ef45e894244b28aa87560e714&furl=http://4.bp.blogspot.com/_9AMxAVZ-5hI/R0IORjbVRnI/AAAAAAAAABs/SzWz5Y4f-9c/s320/Image15.jpg)  **DOREEN E. GUNDER, DDS** | It is your responsibility as the patient to be aware of the appointments you have scheduled. As a courtesy to you, we will contact you to remind you of your appointments. If we are unable to reach you directly and must leave a voicemail message or send an email, we will assume that you plan to keep your appointment unless you contact us to reschedule.  We consider a “failed appointment” to be any appointment that is either not canceled with a 24-hour notice or is missed entirely without notice. We reserve the right to charge a fee of $35.00 for failed hygiene appointments and a fee of $65.00 for failed appointments with the doctors.  **After your first failed appointment, you will be charged the failed appointment fee.** Insurancecompanies will NOT pay failed appointment fees. This fee must be paid in full prior to any further appointments being (re)scheduled**.**  **If several appointments are failed, you may be dismissed from the practice.** It is important tous that we provide optimal dental care to all of our patients.  Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dentist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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