

Dr. Lee Willis, D.D.S.
2510 N.W. Kline St.
Roseburg, Or 97470



Scheduling / Cancellation Policy

We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments and/or by notifying us in advance if you are unable to do so. With advance notice, we are often able to accommodate other patients that are waiting to get an appointment. Please read and sign our policy statement below:

All appointments that are cancelled with less than 24 hours advance notice are subject to a missed appointment fee. Please note that this is NOT covered by insurance companies . . . it is the patient's responsibility.

*If you should need to cancel an appointment, please do so at least 24 hours in advance.

*If you fail to arrive for your appointment, and you have not notified our office, you will be charged \$35.00 for a missed appointment.

*If you fail to arrive for two consecutive appointments, we will cancel any and all remaining appointments, notify your healthcare provider, and you must prepay any future appointments to get back on our schedule. Additionally, you will be charged the full amount of the visit fee.

We enforce this policy out of a desire to provide each of our patients with the continuity of care and effective treatment. We thank you for your assistance in complying with this policy, and we appreciate your cooperation. We hope your experience here is positive and healthful.

I, _____, have read and understand the scheduling policy of Dr. Lee Willis, D.D.S.

Patient Signature / Parent or Legal Guardian Signature

Date