

Cancellation & Missed Appointment Policy

At Robert M. Christensen D.D.S., we are committed to providing high-quality dental care. To maintain an efficient schedule and ensure availability for all patients, we have implemented the following policy:

Appointment Cancellations

- Patients must provide a minimum of **24 hours' notice** to cancel or reschedule an appointment.
- Appointments canceled with less than 24 hours' notice are subject to a **\$100 cancellation fee**.

Missed Appointments (No-Shows)

- Failure to attend a scheduled appointment without prior notice will result in a **\$200 no-show fee**.
- Repeated missed appointments may result in dismissal from the practice.

Fees

- **Late Cancellation Fee:** \$100
- **No-Show Fee:** \$200
- These fees are **not billable to insurance** and must be paid before future appointments can be scheduled.

We understand that emergencies and unforeseen circumstances occur. Fees may be waived at the discretion of our practice.

Patient Acknowledgement

I have read and understand the above cancellation and missed appointment policy. I agree to comply with the terms outlined by Robert M. Christensen D.D.S.

Patient Name (Print): _____

Signature: _____ **Date:** _____

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