Dr. Sherri Scott, DDS

No-Show /Late Cancellation Credit Card Form

Because Dr Scott feels that you deserve to be seen on time and have her undivided personal attention during your appointment, we normally only book one patient per hour. Cancellations have a bigger impact on our practice than the typical dental office where you may sit in a crowded waiting room with many other patients. While we understand that schedules change, we do ask that you give us ***at least 2 business days notice*** *if you must cancel or reschedule your appointment.* ***A missed appointment fee of $150 per scheduled hour will be assessed if 2 business days notice is not provided.*** *A patient's credit card will be billed for each missed appointment or late cancellation.*

Patient's Credit Card Information

Name of Patient: _____

Name on Credit Card: _____

Card Type (circle one): **VISA MASTERCARD AMEX DISCOVER** OTHER: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

My signature below indicates that I understand Dr. Scott's no show/late cancellation policy and that I authorize my credit card to be ***photocopied and charged*** *in accordance with the terms of the policy should I be in violation of these terms.*

Signature: _____ Date: _____

Cell Phone:

I consent to the dental practice using my cell phone number to call regarding appointments, treatment, insurance and my account. I understand that I can withdraw my consent at any time. My cell phone number is (include area code) _____

Signature: _____ Date: _____

THANK YOU FOR UNDERSTANDING.

2080 Century Park East Suite 909 Century City, CA 90067