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## **APPOINTMENT POLICY**

Your appointments are very important to us, as is your schedule. We make every effort to be on time for you, so we ask that you extend the same courtesy. If you are late for an appointment, that affects the appointments that come after you, and other patients who have arrived early or on time are kept waiting throughout the rest of the day. Likewise, we would not like to have your appointment disrupted by another patient coming in too late. Please always plan to be about 10 minutes early for your appointment to avoid any delays.

If you need to reschedule your appointment, please give the office at least 48 hours notice so that we can give that appointment time to another patient who needs it.

**If you miss your appointment without giving at least 24 hours notice or arrive too late for the procedure to be done, you will be charged a fee of a minimum of \$50 for missed appointments. Fees are based on procedures scheduled and appointment length. Fees will only be waived in special circumstances at the discretion of the clinic administrator.**

**If you miss 2 appointments without proper notice, you will be required to pay in full before any future appointments that you would like to have scheduled. If you have dental insurance, we will file it once the procedures are completed so that you are reimbursed, but you will still be required to have the payment ready before you are scheduled.**

Please understand that for each appointment, our staff prepares the room specifically for that procedure. Time and materials are wasted when patients do not show for the appointment, and that eventually affects patient fees. There could have also been patients who would have benefited from that appointment time if we had known it would be available for them, especially when there are emergencies.

This policy is being put into effect to respect the time of all patients. It is not our intention to offend anyone. Your compliance will help us to be as efficient as possible and better provide all of our patients with the highest quality of care. Your understanding and cooperation are greatly appreciated.

Thank you,  
Tiger Smile Staff

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_