

Appointment Policy

Mark D. Zeigler D.M.D.
1 Fairhill Drive
New Castle, PA 16105
(724) 658-2055

We want our patients to know how much we value your relationship with us. In an effort to provide the highest quality dentistry, we request 24 hours notice to any schedule changes that you may need in the future. If you call the office within the 24 hour timeframe and no one is available to answer the phone, please leave a message on our answering system with your cancellation. Calls are monitored frequently. We will receive your message.

Our office understands that sometimes emergency situations arise, and we will handle each circumstance on an individual basis. We would like our patients to understand that missed or broken appointments are hurtful in many ways. First, they delay your treatment and our ability to keep your oral health at optimum levels. Second, they may prevent another patient who needs treatment from getting the necessary care in a timely manner.

We want you to be informed of our appointment policy so that there are no misunderstandings in the future.

After your first missed/broken appointment in our office that is not cancelled or rescheduled within 24 hours of your appointment, your account will be charged \$50.00 for this missed appointment. You must pay this fee of \$50.00 before our staff can schedule your next appointment. You may pay this fee of \$50.00 over the phone with a credit card. You may mail in your payment via mail service, or you may stop in the office and pay in person. Once payment is received, we will be glad to schedule your next appointment.

If a patient incurs a second missed/broken appointment without notifying our office within 24 hours of your scheduled appointment, your account will be charged another \$50.00 fee. You will be required to pay this fee before we schedule your next appointment.

A third missed appointment will result in your dismissal from our practice. We will be happy to forward your records to a dentist whose hours/policies better fit your schedule.

Thank you for your cooperation. We remain committed to your oral health.

Signature of Patient

