



175 N. Milwaukee Avenue, Suite 200  
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## **Cancellation and No-Show Policy**

We would like to thank you for choosing us as your dental provider. We understand that sometimes events beyond your control will force you to miss your appointment. However, please be aware that when you book your appointment, you are holding a space on our calendar that is no longer available to our other patients.

In order for us to provide you and all of our patients with the best service possible, we ask that you adhere to the following:

- If you need to cancel an appointment, **please give us at least 24 hours** notice by calling **(847) 955-9500**. If no one answers, please leave a detailed message on our voicemail. We will return your call as soon as possible.
- You may be charged a fee of **\$50.00-\$75.00** (depending on the appointment length and type) for no-shows or cancellations without 24 hours notice. This amount will be charged directly to you, not your insurance company.

Your understanding and cooperation is very much appreciated.

**By signing, I acknowledge that I have read and understand Arbor Hills Dental Care's Cancellation and No-Show policy.**

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Patient's Name (Please Print)

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Signature of Patient/Policyholder

Date

Relationship, if not patient