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Welcome to Dr. Covan's dental office. It is our optimal goal to provide you and your family with the highest quality of dental care. In order to keep our standard of care to a level which best serves your dental need, we ask you to please observe the following guidelines:

CANCELLATION POLICY:

There are many times that our patients require urgent or emergency treatment and therefore require an appointment as soon as possible. When patients give the office advanced notice of their need to cancel a scheduled appointment, this time can be allocated to these patients in urgent need of treatment. In this way the office can best serve the needs of all patients.

Bearing in mind these special needs, the office requires a minimum of 24 hours notice if an appointment must be cancelled. If less than 24 hours notice has been given a patient will be assessed a minimum fee of \$25.00. In the event a patient does not show for their scheduled appointment, without notice, then a minimum fee of \$25.00 will be charged to the patient. Please note that this fee is not covered by insurance and will be the responsibility of the patient.

We at Dr. Covan's office look forward to taking care of you and your family.

I have read the above policy and understand my responsibility as a patient.

_____ Date: _____