

Mollner Dentistry Request for Fee Waiver of 48 Hour Cancellation Policy Fee

Please note that we employ a strict 48 hour cancellation policy for appointments canceled, missed, or rescheduled with less than 48 hours notice. A fee of \$75/hour will be assessed for hygiene appointments, and \$100/hour for procedural appointments scheduled with one of the doctors.

These fees help to offset our staff wages that are paid to be on stand-by for your scheduled appointment.

We allow for exceptions to this policy under certain unavoidable emergencies with documentation. Exceptions include true emergency, illness or health problems requiring a doctor's visit, and family emergency with documentation, and certain special circumstances.

We cannot offer to waive fees for scheduling conflicts, such as work obligations, travel delays, or traffic. For minor illnesses that do not require a doctor's visit, we employ stringent Universal Precautions recommended by the CDC to prevent spread of disease between patients and staff, as well as between individual patients. This allows us to still see patients with minor illnesses safely and effectively.

Please fill out the following form and email or fax a scan, copy, or digital photo of the form back to drbenmollner@gmail.com or 303-861-0055 along with any supporting documentation such as doctor's notes or emergency service reports.

Name _____
DOB _____
Phone Number _____
Email Address _____
Date of Missed/Canceled Appointment _____
Supporting Documentation Included Yes _____ No _____

Please select the reason for late cancellation:

- True emergency with documentation
 Illness or Health problem requiring doctor's visit
 Family emergency with documentation
 Other Emergency

Please explain the nature of your emergency and request to waive cancellation fees:

(This can be written via email or on a second page if preferred)

- I understand that Mollner Dentistry employs a 48 hour cancellation fee that is signed by all new patients entering our practice, and that any waiver offered can only be approved by the owners of the practice. Any waiver, whether partial or full, is also done as a courtesy and cannot be guaranteed for future violations. Any remaining fees left outstanding will need to be paid before you are allowed to schedule for future appointments.

Signature _____ Date _____

Please allow 2-3 weeks for review, no payment will be necessary until review is complete