

DENTISTRY for CHILDREN

SCHEDULING AND DISMISSAL POLICY ACKNOWLEDGEMENT

At Dentistry for Children our goal is to provide quality treatment and care to each patient in a timely manner. We schedule our appointments so that each patient receives the right amount of time to be seen by our providers and staff. The following Schedule and Dismissal Policy is intended to allow our office proper management of the schedule and best utilize available appointments for our patients in need of care and is effective immediately. If it is necessary to cancel or reschedule an appointment, patients are required to call or leave a message **at least 48 hours before** their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

DEFINITIONS "No Show" shall mean any patient who fails to arrive for a scheduled appointment. "Same Day Cancellation" shall mean any patient who cancels an appointment less than 48 hours (2 business days if appointment falls on a Monday) before their scheduled appointment. "Late Arrival" shall mean any patient who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

HYGIENE AND OPERATIVE APPOINTMENTS

Patients who fail to show for their appointment and/or did not notify our office **within 48 hours** (2 business days if appointment falls on a Monday) prior to the scheduled appointment time shall be subject to a "No Show/Cancellation" fee of up to \$150. In the event of an actual emergency and prior notice could not be given, consideration will be given, and a one-time exception may be granted for hygiene/routine care appointments only.

SURGERY APPOINTMENTS

Patients who fail to show for their surgery appointment and/or did not notify the office **within 48 hours** (2 business days if appointment falls on a Monday) prior to the scheduled appointment time shall be subject to a "No Show/Cancellation" fee of \$250. Surgery appointments require special scheduling attention as we are contracted with outside providers and facilities. In addition, our surgery schedule availability is in high-demand and there are other patients waiting for us to provide care in a timely manner. Due to this fact, it is imperative that you provide our office with an appropriate amount of time should you need to cancel or reschedule your appointment. Rescheduling a surgery appointment may place your new appointment several months out from your originally scheduled date, prolonging much-needed care.

LATE ARRIVALS:

In the event a patient arrives **15 minutes** after the scheduled appointment time, we reserve the right to cancel the appointment and reschedule for a future date so that we can maintain a timely schedule for our previously scheduled patients. If an appointment is cancelled due to a late arrival, the patient is subject to the "No Show/Cancellation" fee for that specific type of appointment.

If an appointment is cancelled by our office or out of medical necessity, then the patient is not subject to any of the above charges. Any charge associated with our "No Show/Cancellation" fees are not covered by insurance and are therefore the sole responsibility of the patient.

HOW TO CANCEL YOUR APPOINTMENT:

To cancel or reschedule your appointments, please call our office at least **48 hours** (or 2 business days if your appointment falls on a Monday) prior to the scheduled appointment time at 320-257-3380. If you have difficulties getting through, please leave a message with your name, appointment date and time, and cancellation reason.

RIGHTS TO DISMISSAL

Maintaining healthy teeth and gums means more than just brushing and flossing every day and visiting your dentist regularly. As an informed dental patient, it also means knowing what you can expect from your dentist and dental care team and understanding your role and responsibilities in support of their efforts to provide you with quality oral health care.

It is our goal to maintain a positive patient-provider relationship, however we reserve the right to terminate that relationship under the following circumstances:

- Inability to maintain a functional patient-provider relationship;
- Use of inappropriate language or behavior;
- The patient's failed/cancelled appointments have an impact on the effectiveness of treatment and/or clinic operations;
- The patient has failed to make timely payments for services; and/or
- The patient presents an immediate danger to clinic personnel, other patients and their families, or anyone else.

SIGNATURE

DATE