



### **Acknowledgment of No-Show Policy for CCHC**

Your dental providers want to make sure that you and other area residents have access to high-quality dental care when you need it. To ensure maximum access to dental services for all of our patients, please be aware of the following Appointment Policy:

Scheduled Appointments: Although we will make every effort to remind you of your upcoming dental appointment by phone or by mail, you are ultimately responsible for remembering your appointment date and time.

Confirming Appointments: We will call you at the number(s) you have provided us at least two days before your scheduled appointment to confirm that you still plan to keep the appointment. If we reach your voice mail, we will leave a message requiring you to call us back no later than noon of the following day to confirm your intention to keep the appointment. If you fail to call us back, we will assume you are not keeping the appointment and will remove it from the schedule.

Canceling Appointments: If you cannot make your scheduled appointment, you must call us at least 24 hours in advance to let us know so that we can offer your appointment to another patient. Failure to provide at least 24 hours' notice counts as a missed appointment.

Late Appointments: If you show up more than 10 minutes late for your scheduled appointment, we will remove your appointment from the schedule and this will be counted as a missed appointment, your appointment may be rescheduled or will treat you as a walk in patient.

Missed Appointments: Because of the critical lack of access to dental services in our area, missed appointments are taken very seriously. If you miss one appointment, you will be documented as having missed an appointment. You will be responsible to call the clinic to reschedule your appointment.

If you miss a second appointment without proper notice within the same calendar year, letter of notification will be mailed to you.

After three missed appointment within one year period, you will no longer be able schedule an appointment with CCHC dentist.

Please talk to any of the dental staff if you have questions about our No-Show Policy.

I understand and agree to abide by this No-Show Policy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (for patients under 18)