

# Missed Appointments—*Dentistry by Jared French*

At Dentistry by Jared French your time is valued. We strive to see our patients in a timely manner. We respect your time and ask you to respect our time and other patients' needs by keeping your appointment. Each appointment time slot is important and cannot be recovered if a patient chooses not to keep his or her appointment. Please keep in mind that each skipped or missed appointment is not just time lost, but also time when other patients cannot be seen.

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## In Summary:

- ◆It is your responsibility to provide us with a working telephone number to allow us to communicate important information, such as laboratory results, and provide telephone reminders of scheduled appointments. Having a valid telephone number is truly important; please help us to maintain your records.
- ◆Each missed appointment will be flagged and you'll receive a notice that you have missed your appointment. In addition your account will be assessed a \$100 missed appointment fee. Please note that this fee will not be billed to your insurance.
- ◆Accounts that accumulate three missed appointments may be dismissed from the practice.
- ◆Cancellation notice is required 48 hours before the scheduled appointment in order that we might have the opportunity to give the time reserved to another patient on our waiting list. Anything less than a 48 hour notice is considered a missed appointment and subject to the terms above.
- ◆If you arrive 20 minutes late for your schedule appointments, without prior notification to our office, this may also be considered a missed appointment.
- ◆We understand the circumstances occur that do not allow you to keep your scheduled appointment. If this is the case, please call and discuss this with the office staff as soon as possible. We will waive the cancellation fee for this appointment as long as you do not have a history of cancellations.

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We realize that there are times that you may arrive for scheduled appointment time and are not able to be seen promptly at your appointed time. Please know that we go out of our way to make certain that this does not happen, however due to patient emergencies or other unexpected incidents, our schedule may occasionally fall behind. If this is the case, we will make every attempt to let you know the status of our schedule.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have also read a copy of the office Privacy Practices and authorize the office to use my protected health care information in accordance with those established privacy practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_