Failed Appointment Policy

Welcome to Hope Dental Clinic. We are pleased to have you as a patient and will undertake your treatment with us with diligence and care. In order to serve you well, we will need to develop a working relationship with you that requires you to attend all scheduled appointments. Your attendance at the scheduled appointments will reflect your cooperation with our suggested plan of care. As such, we have the following policy in effect regarding your service with us:

FAILED APPOINTMENTS:

In an effort to provide you with efficient service, please call and notify us at least 24 hours ahead of your scheduled time to confirm or let us know if you need to miss an appointment. We'll be happy to reschedule your appointment as soon as possible to continue your care effectively.

PLEASE BE AWARE THAT WE DO HAVE A FAILED APPOINTMENTS POLICY FOR SAME DAY CANCELLATION, NON-CONFIRMED AND NO-SHOW APPOINTMENTS:

Failed appointments mean:

-Non-Confirmed Appointments, which means that you did not notify us at least 24 hours before the appointment time to confirm that you will be present.

-Same Day Cancellations, which are appointments cancelled the same day of the appointment.

-No-Shows appointments, which mean that you did not come for and YOU did not call in advance to notify the clinic of your intended absence.

DISCONTINUATION OF CARE DUE TO MISSED APPOINTMENTS

If you have two (2) Missed Appointments within any twelve (12) month period, we will need to terminate your treatment with us, as it is difficult to provide competent, effective care under these conditions. Should this occur, we will provide you with a list of other community clinics for continued treatment, if you wish to pursue it. You also have the right to call in the morning to see if there is an opening in the schedule or to request to come in and wait to see if a patient doesn't show up for their appointment. If you come in to wait, there is no guarantee that we will be able to see you and you may wait a few hours.

Our ultimate goal is to improve access to appointments to all patients. We hope that by reducing No-Show, Non-Confirmed and Same Day Cancellation Appointments we can provide a greater level of service and access for you and other patients seeking care with us. We thank you for your anticipated cooperation.

Your signature below indicates that you understand and agree with the above policies:

Patient Name _____

Patient signature _____

Date _____