

# CARING HANDS DENTAL CLINIC

## APPOINTMENT POLICY

If for any reason you are unable to keep an appointment, **you must call at least 24 hours prior** to the appointment or it will be considered a failed appointment.

Anyone arriving more than 10 minutes late may have to attempt to reschedule, as your appointment may be given to someone waiting.

It is very important that the appointment you schedule with our clinic is kept and you come on time. With the huge demand we have for our services it is necessary to have a policy in place regarding scheduled appointments.

Failure to keep an appointment or to come late may result in future dental problems due to lack of treatment. As well as denying someone else of receiving care.

For people 21 and older, one failed appointment puts you at the back of the waiting list, 2 failed appointments for 21 and older requires you to find a different dental provider or possibly be required to pay for the cost of **empty chair time which currently runs \$160.00 per hour**, should you desire to continue being seen here. **Uninsured patients** will be asked to go elsewhere on first failed appointment and/or pay for empty chair time.

For children 20 and younger, one failed appointment, we keep you on the current waiting list, 2nd failed appointments, you go to the back of the waiting list and three failed appointments we ask that you find a different dental provider or possibly be required to pay for the cost of **empty chair time which currently runs \$160.00 per hour** should you desire to continue being seen here.

The Staff at Caring Hands look forward to providing your dental needs, but due to the tremendous demand, we must adhere to the above policies for the benefit of all involved. We also understand weather, family and sickness and will try to be as fair as possible, but repeated cancellations can jeopardize your use of our services.

In 2018 the Clinic lost \$275,450.00 from failed appointments - creating empty chair time.

**Please sign below that you have read and understand our appointment policy.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_