

# Providence Specialty Pediatric Dental Clinic

## Appointment Attendance Policy

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At Providence Specialty Pediatric Dental Clinic, we are committed to providing all of our patients With exceptional care. When we schedule an appointment for your child, we reserve the time slot just for them. When a patient cancels without giving proper notice, they prevent another patient from being seen; and it disrupts the office schedule. Therefore all patients are expected to honor the following:

### Attendance expectations:

- Check-in 10 minutes before start of scheduled appointment
  - This is not a grace period for late arrivals. Checking-in 10 minutes before is essential to updating records and filling out paperwork
- Make every effort to ensure the patient attends all scheduled appointments. The oral health of your child's mouth greatly depends on his/her prompt and consistent attendance.
- If you cannot be on time for your child's appointments, please contact the clinic to see if the schedule(provider) can accommodate the late arrival
- The patient's appointment may be rescheduled if he/she arrives past the scheduled appointment time.

### Cancellations/Late Cancels:

- Advanced notice of more than 24 hours' is required for all appointment cancellations.
- Cancellations with less than 24 hours' notice will be subject to a warning on the first occurrence. A second cancellation of less than 24 hours' will result in the patient losing scheduling privileges and being dismissed from the clinic.

### No Shows:

- Patients who fail to show up for a scheduled appointment will be given a warning on the first occurrence. If there is a second failed appointment, the patient will lose scheduling privileges and will be dismissed from clinic.
- A combination of a late cancellation and no show can result in patient being dismissed from clinic.
- The patients insurance will be notified of the dismissal due to non-compliance of adhering to the clinics appointment attendance policy.

### Interpreter Accommodations:

- Interpreter accommodations are made in advance in preparation for the scheduled appointment.
- Cancellation notification of 24 is required to inform the insurance and interpreter agency assigned

Parent/Guardian Signature: \_\_\_\_\_  
Relation to patient \_\_\_\_\_ Date \_\_\_\_\_