



Appointment Policy and Procedures

Patient Name _____

Date _____

Please take a few moments to read our appointment and scheduling policy in order to understand our expectations that must be observed in order to provide excellent care to you and your family.

Schedule an appointment by calling (317) 783-9993

Schedule same day / walk-in appointments: Appointments for emergencies and walk-ins are booked on a first available appointment basis. We do not always have these appointments available.

Arrive early for your appointment. Please remember that all insurance requires that we review your insurance data and demographics each time you visit our office. This often takes a few minutes and without it, your insurance claim could be denied. Also, **law requires a yearly update of your health history / patient information forms.** Please fill these forms out completely and accurately. **Always bring your ID and insurance card to your appointment.**

Please return calls to confirm your appointment. Lack of your confirmation call may result in your appointment being cancelled to accommodate other patients.

We require at least 24 hour cancellation notice. This allows us the opportunity to schedule other patients who need appointments. We will do all that we can to reschedule your appointment as soon as possible, but please try to keep your original appointment time.

Late arrivals (more than 15 minutes), your appointment may have to be rescheduled. While we will do all that is possible to accommodate when patients are late, the first available appointment may or may not be on the day the appointment time was missed. At times, Dr. Hall and our staff may be not be able to see you if you have arrived 15 minutes or more late, as they need proper time to provide patients with the full attention that their care requires.

If you miss an appointment, you may be charged a \$50.00 no show fee. At that time, you will be reminded of our appointment policy. 3 missed appointments will result in the termination of services from our practice. This means you will no longer be accepted as a patient at ComDent, and you will need to find a new dentist.

Please turn off cell phones in the office and examination rooms.

We appreciate the time you have taken to read our appointment policy. If you have any further questions, please feel free to contact our office and speak with our Office Manager, or Clinical Coordinator.

I, _____ (please print name), have read and understand the above written patient policy regarding Appointments and Scheduling at ComDent Dental.

Patient\Guarantor Signature

_____/_____/_____
Date

Staff Member Signature/Date