

UTHealth Dentistry at Greenspoint Failed Appointment Policy



Welcome to the UTHealth Dentistry at Greenspoint clinic! Our team of professionals recognizes that time is valuable to parents, patients and our practice. Making sure patients/parents keep all scheduled appointments (to ensure that we care for as many patients as possible) is very important to us. To minimize missed or untimely canceled appointments and keep our schedules as predictable as possible, we utilize a **policy on appointment responsibility**.

We schedule individual time with patients to allow us to deliver the highest quality, personal care that each patient deserves. A failed/broken appointment negatively affects us both. For you, a failed appointment causes a delay in your or your child's treatment. For our clinic, failed appointments prevent us from scheduling another patient that could benefit from the appointment. Although we make every effort to remind you of your appointments, please do not depend solely on that courtesy. It will be your ultimate responsibility to keep all scheduled appointments.

In order to best serve our patients and the community, our office requires at least 24 hours notice prior to canceling and/or rescheduling any appointments. All that is necessary is for you to call our office at **(832) 828-1446** and let us know. Also, if you arrive more than 10 minutes late for your appointment (also considered a failed/broken appointment), you may be asked to reschedule for the next available appointment time. We realize that the unexpected can happen, but ask for your assistance in keeping us notified in a timely matter.

Two (2) failed appointments of any kind may result in referring you to the Behavioral Health team at The Center to evaluate any underlying issues that could be keeping you from attending your dental appointments. We also reserve the right to discontinue your dental treatment at our practice and may be further obligated to notify Texas Medicaid/CHIP program authorities of their insured patients' inability to keep appointments and/or arrive in a timely manner to our office.

The oral health of you and/or your child is as important to us as it is to you. Therefore, you can count on us to be here for your dental needs. We need you to be here as well. Thank you for your cooperation and we look forward to seeing you at your next appointment!

I HAVE READ AND UNDERSTAND THE FAILED APPOINTMENT POLICY OF UTHEALTH DENTISTRY AT GREENSPPOINT. ALL QUESTIONS AND CONCERNS HAVE BEEN ANSWERED AND I AGREE TO ABIDE BY THIS POLICY.

Patient Name

Patient or Responsible Party's Signature

Date

Responsible Party's Name