



Patient - Failed Appointment, Late Arrival, and Short Notice Cancellation Policy

At Graham Family Dental Care, we value the ability to provide high quality comprehensive care to all of our patients in a timely manner. Failure to come to your appointment, late arrivals, and short notice cancellations make this difficult and negatively impact our ability to provide treatment to everyone who needs it. We hope our “strike” policy will provide not only some grace for the patients who have an isolated incident, but also stress the importance of not making a habit of creating openings in our schedule

Strike System

- What constitutes a strike?
 - o Not showing up to your scheduled appointment (confirmed or not)
 - o Arriving late enough to your appointment where we no longer have enough time to perform the necessary treatment and potentially forcing the next patient to lose time from their appointment as a result
 - o Canceling your appointment with less than 24-hours notice

- How does the strike system work?
 - o Every patient will be allowed two free strikes without penalty
 - o If a patient has three strikes occur within a five year period, they will be placed on a same-day list where they will be responsible for calling our office in the morning to see whether we have any availability for that same day
 - o If strikes occur beyond the three-strike limit, consideration will be made on dismissal from the practice

We appreciate your cooperation and understanding with this new policy. We hope it will allow us to provide the highest quality care for you and all of our patients!

Please sign below to indicate your understanding and acceptance.

Printed Name:

Signature:

Date:

Please turn over to complete



Financial Policy

All fees for dental services are due on the date of treatment. Our office accepts cash, checks, MasterCard, Visa, Discover and American Express. We offer Care Credit as an option for a payment solution.

I _____, agree to pay all finance charges, collections costs, attorney fees and any other costs that may be incurred to enforce collection of amount outstanding.

Signed: _____ Date: _____

PRIVACY PRACTICES ACKNOWLEDGEMENT

Privacy Notice Amendment September 2013

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use of my Personal Health Information.

| | | |
|-----------|-------|----------|
| _____ | _____ | Patient |
| Signature | Date | |
| _____ | _____ | Practice |
| Witness | Date | |

Graham Family Dental Care

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Please turn over to complete