

Medical/Dental Clinic  
36977 Park Avenue  
Burney, CA 96013  
(530) 335-3651



Administrative Office  
369977 Park Avenue  
Burney, CA 96013  
(530) 335-5090  
Fax: (530) 335-5241

## Pit River Health Service Appointment and Failed Appointment Policy

The Pit River Health Service Dental Clinic is here to serve the needs of the community. We ask you to please arrive 15 minutes early to update your information and to fill out any necessary paper-work. If you are 15 minutes late, we will have to be rescheduled and your appointment will count as a failed appointment. By showing up to your appointment early you will help us in providing you with the very best quality health care.

When appointments are cancelled, without at least 4 hours advance notice, we are unable to offer this time to another patient who is in need of our services. A less than 4 hour cancel notice or not showing up for a scheduled appointment would be considered a failed appointment. Our failed appointment policy will be enforced as follows:

### 1<sup>st</sup> Failed Appointment within a 6 month period

A copy of this agreement will be mailed to you and you will be given the opportunity to call and reschedule your appointment.

### 2<sup>nd</sup> Failed Appointment within a 6 month period

You will be placed on a "No Show Register List." You will then no longer be able to schedule an appointment for 3 months, starting from the date of the last failed appointment. You can then receive only emergency treatment for pain, swelling or extractions where restorative treatment is not possible. You will be notified when the 3 months is over, when you will then be able to schedule regular appointments.

For emergency treatments, you will be able to walk into the clinic. If possible, please call before you come in so that we can prepare for your arrival.

ALL TREATMENT PROVIDED BY PIT RIVER HEALTH SERVICE DENTAL CLINICS, OTHER THAN TRUE EMERGENCIES, WILL BE SCHEDULED BY APPOINTMENTS ONLY. THE RECEPTIONIST SHALL CONTACT THE DENIST TO EVALUATE EACH REQUEST FOR EMERGENCY CARE TO DETERMINE WHETHER A TRUE DENTAL EMERGENCY EXISTS.

To assist Pit River Health Service in maximizing your services to the community, I hereby agree to give *at least* 4 hours notice of a cancelled appointment by phone or by voice message. I understand the consequences if I fail to give adequate notice of cancellation.

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

Date: \_\_\_\_\_

Board Approved:  \_\_\_\_\_

Date: 10/9/18

RV: 10/9/2018