

CANCELLATION, MISSED APPOINTMENT & LATE ARRIVAL AGREEMENT

AA55.PT.FRM

Patient Name:	Date of birth:
Your Medical and Dental providers want to make this process please be aware of the following g	ke sure that you have access to high-quality care when needed. To help with uidelines:
morning of for appointments schedule in the after	t, contact us a business day in advance for morning appointments, the ernoon, or as soon as you know you will be unable to keep your with sufficient notice that you will not be able to keep your appointment, it
 If there is another appointment time avo 	ime the following options may apply: neduled if there is not enough time remaining to complete your procedure. silable that same day – you will be offered that time. our scheduled procedure or an alternate procedure you will be seen.
Missed Appointments: These are appointments cancelled with insufficient notice. All missed appointments will be document.	ent notice or appointment scheduled that you fail to keep without advance ented in our scheduling system.
period of 12 months. You can still be seen by v	duled appointments will not be able to schedule another appointment for a walk-in basis during this time. These are not scheduled appointments and the ou into the schedule for that day. After one year you will be able to schedule
Confirming Appointments: Adelante will be contacting you via the phone r	number provided to us to confirm all appointments 1-7 days in advance of
your appointment.	
If we do not reach you, a message will be left to	o call our office to confirm appointment time.
If we have cancelled your appointment and you you for another day.	arrive at our office – we will try to work you into the schedule or reschedule
If you do not have a telephone for confirmation	– please talk with the staff about alternatives for confirmation.
,	v send your concerns in writing within 10 days of concern.
, , ,	oport Office 3033 N Central Ave, Ste. 145 Phoenix, AZ 85012.
I have addressed any questions or concerns reg these guidelines.	arding this process with the staff, and understand and agree to abide by
Guardian Name	Patient/Guardian Signature Date