



# CANCELLATION, MISSED APPOINTMENT & LATE ARRIVAL AGREEMENT

AA55.PT.FRM

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Your Medical and Dental providers want to make sure that you have access to high-quality care when needed. To help with this process please be aware of the following guidelines:

**Scheduled appointments:**

If you cannot make your scheduled appointment, please call us at least 24 hours in advance. If you cancel the same day as the appointment, it will be considered a Missed Appointment.

**Late Arrivals:**

If you are late for your scheduled appointment time the following options may apply:

- Your appointment may need to be rescheduled if there is not enough time remaining to complete your procedure.
- If there is another appointment time available that same day – you will be offered that time.
- If there is adequate time to complete your scheduled procedure or an alternate procedure you will be seen.

**Missed appointments:**

These are appointments cancelled same day or when you fail to show for the appointment scheduled for you. All missed appointments will be documented in our scheduling system.

Established patients that miss more than 3 scheduled appointments will not be able to schedule another appointment for a period of 12 months. You can still be seen by walk-in basis during this time. These are not scheduled appointments and the provider will see you if they are able to work you into the schedule for that day. After one year you will be able to schedule routine appointments.

**Confirming appointments:**

Adelante will be contacting you via the phone 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 call our office to confirm appointment time.

If we have cancelled your appointment and you arrive at our office – we will try to work you into the schedule or reschedule you for another day.

If you do not have a telephone for confirmation – please talk with the staff about alternatives for confirmation.

If you want to appeal these guidelines, you may send your concerns in writing within 10 days of concern.

Please send to: **Adelante Healthcare Central Support Office 3033 N Central Ave, Ste. 145 Phoenix, AZ 85012.**

I have addressed any questions or concerns regarding this process with the staff, and understand and agree to abide by these guidelines.

Signature of patient or guardian \_\_\_\_\_ Date \_\_\_\_\_