



NO SHOW/MISSED APPOINTMENT POLICY

We, at Aqua Dental, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice). You can cancel appointments by calling the following number: 918-455-7700

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted one (1) business day prior to your scheduled appointment if it has not been previously confirmed via text or email with our automated system. However, it is the responsibility of the patient to arrive for their appointment on time.

For your convenience, we are able to send text message and e-mail reminders. To give our office permission to text or e-mail your upcoming appointment reminders and account balance notifications, please complete the following:

Phone Number: _____

E-Mail: _____

Please note that only one phone number and/or e-mail address can be used for the automated system

PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 24 hours' notice: There is a waiting list to see the dentist Aqua Dental, and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a 24-hour cancellation is given this will be documented as a "No-Show" appointment.
3. If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.
4. After the first "No-Show/Missed" appointment, you will receive a phone call or letter warning that you have broken our "No-Show" policy. Aqua Dental will assist you to reschedule this appointment if needed.
5. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office and will be assessed a \$25.00 no show fee.
6. If you have 3 "No-Show/Missed" appointments within a one-year time, you will receive a second \$50 no show fee assessment. Dismissal from the practice will be considered.

***You will be notified by letter if the dismissal was approved.**

I have read and understand the Aqua Dental No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Aqua Dental appropriately if I have difficulty keeping my scheduled appointments.

_____	_____	_____
Patient Name	Date of Birth	Date
_____	_____	_____

Patient Signature or Parent/Guardian if minor

Relationship to Patient

JAMES F OWENS DDS MS PC

D/B/A AQUA DENTAL

Dr Jim Owens / Dr Sam Owens / Dr Gary Fisher

10507 East 91st Street, Suite 410

Tulsa, Oklahoma 74133

918-455-7700

ACKNOWLEDGEMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date: _____

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Aqua Dental's Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Expiration -- 3 Years from Initial Signature; Insurance Change;

Patient reaches age of 18

I consent for the office of Aqua Dental to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

_____ / _____ / _____

_____ / _____ / _____

Signature: _____

Patient

Parent

Guardian / Other