

Appointment Agreement

In order to provide the highest service and availability of appointment times to our patients, all patients must agree to the following policies regarding appointments:

Appointment confirmation: We will contact you several times by text message and/or email prior to your scheduled appointment to confirm that you will be keeping the appointment. If you do not want electronic communication, we will call you approximately two days prior to your appointment. If you do not confirm that you are coming, we may give your appointment away to another patient who is waiting. Patients are responsible for their appointments regardless of a successful reminder so it is important that you provide us with the most up-to-date contact information and preferences. Please check your preferred method of confirmation and acknowledge your acceptance of electronic communications:

Phone: _____ Email: _____ Text: _____

By providing an email and/or text number I acknowledge that I will accept electronic communications

Initials:

ADC:

Missed or cancelled appointments: Cancellations made with less than a 48 hour notice are considered a missed appointment. Per the Appointment Policy, the Alliance Dental Center may dismiss you as a patient if you miss two or more appointments within a twelve month period.

Initials:

On time arrivals: If you are more than 15 minutes late to your appointment, we may need to reschedule you for another time, as other patients are likely scheduled after you and we do our best to honor the time of all of our patients. Please contact us as soon as possible if you anticipate a late arrival so that we may determine if we can accommodate you or need to reschedule the appointment if there is not enough time. If the appointment must be rescheduled, it will be considered a missed appointment.

Initials:

Commitment to care: The philosophy at the Alliance Dental Center requires patients to be committed to the recommendations made by the clinical team. This includes regular re-care appointments for hygiene. If you miss a hygiene appointment, you will not be scheduled for any restorative treatment until you have that hygiene appointment. Failure to follow the sequential treatment plan will result in dismissal as a patient.

Initials:

Access to Care: If you feel you have some barriers to accessing care at Alliance Dental Center (for example a language barrier, dental anxiety, etc.), you have the opportunity to meet with our Patient Care Advocate so that we can help you receive the dental care that you need. Our goal is to promote health and wellness in a welcoming environment with resources available to help you along the way.

Initials:

Please complete reverse side

Extension of the Policy to Our Preferred Specialist Partners: The Alliance Dental Center, LLC works with specific dental specialists in our local area. These are providers with whom we are familiar, and are individuals with whom we communicate regularly regarding patient care. You are not required to see one of our local partners. You have the right to be seen by the specialist of your choice (in accordance with your Massachusetts Public Employees Fund dental plan). Should you choose to see one of our specialist partners, however, please be advised of the following **extension of the Appointment Agreement:**

- In order to continue these important relationships and to allow other patients access to care with our specialist partners, it is imperative that you **commit to scheduled appointments.**
- **The “Appointment Agreement” includes our specialty partners as well.**
 - If you need to reschedule, **you must give the appropriate notice based on the particular office’s policy.** Please call the specific office where you are scheduled to go and speak to a person directly (not via voicemail).
 - It will be considered a missed appointment, if you are **more than 15 minutes** late and the provider can no longer see you that day.
 - **After 2 missed or late cancelled appointments (whether they be at the specialty office, the Alliance Dental Center or both), you will forfeit your eligibility to be seen at the specialty practice and will no longer be allowed to schedule appointments at the Alliance Dental Center.**
- **Note: Please be advised that any evaluations or treatment that you have outside of the Alliance Dental Center (including at our specialty partner offices) are subject to the parameters outlined in your Massachusetts Public Employees Fund dental plan. This includes copayment for services and that benefits received will apply to your annual plan maximum.**

Initials:

We appreciate you as a patient and thank you in advance for your commitment. In order to provide the best access to the services we offer, and to serve the greatest number of members, we are committed to this appointment agreement and will similarly value your time. Should you have a barrier to care that you feel may affect your ability to attend any appointments, please contact our Patient Care Advocate, Julie Whiteley, at 617-984-5302.

Name Patient/Guardian Signature Date

OFFICE USE ONLY:	
Patient Last Name: _____	Patient First _____
ES ID _____	Date: _____
Comments:	