

BROKEN APPOINTMENT POLICY

Patient Name _____
Date of Birth _____
Today's Date _____

Dear Patients and Parents,

Dental Care of Muskogee is a busy office. Due to the number of patients we see everyday, we ask that you kindly give a 48 hour notice if you will not be able to keep your appointment. Anything less than a 48 hour notice is considered a Broken Appointment.

We have a number of patients on our waiting list that need to be seen. We are not able to tolerate multiple Broken Appointments. When you have a Broken Appointment, your next appointment will be scheduled at the first available time slot and you will not be worked in. Unfortunately, three Broken Appointments without a 48 hour notice will result in you being dismissed as a patient from Dental Care of Muskogee, Inc.

In the case of a broken appointment a \$50 per hour fee of the appointment time allocated for you will be charged for all cancellations or no shows less than 48 hours. Please notify us 48 hours prior to your appointment so we can accommodate other patients needing treatment. This charge is not covered by your insurance and must be paid prior to future appointments.

By signing below you are acknowledging you have read and you understand our policy.

Patient/Parent/Legal Guardian Name Date

Thank you,

Dental Care of Muskogee, Inc.

**Dental Care of Muskogee, Inc.
Keith Shankle, D.D.S.
2406 E. Shawnee Ave., Suite D
Muskogee, OK 74403
918-682-5518**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I have received a copy of Dental Care of Muskogee's, Inc. Notice of Privacy Practices.

Please Print Patient Name

Patient/Parent/ Guardian Signature

I authorize Dr. Shankle and any of their staff to release any and all information in or regarding my health records to the following persons:

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Date

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained due to:

- Individual Refused to Sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: _____

