



APPOINTMENT POLICY

In an effort to provide clear understanding of DCND’s scheduling practices, the following policy has been put into place to better inform our patients.

Patients are reminded of their appointment with our office by a phone call two days prior to their appointment. You can also sign up for email and SMS reminders through our patient portal.

If you need to cancel or reschedule your appointment, please contact our office a minimum of 24 hours prior to your scheduled appointment time. Call 937-439-6186.

Arriving Late: If you are more than 10 minutes late for your scheduled appointment time, we will attempt to accommodate your needs. However, this is not a guarantee that the physician or PA can see you. You may have to be rescheduled.

First Missed Appointment: This is defined as a failure to notify us by phone call or secure message through the patient portal within the 24-hour cancellation/reschedule window. Missing your first appointment will result in being placed on the end of DCND’s “cancellation list.” Please note that this may result in a 3-month wait for an appointment slot. **You may be charged \$50 as reimbursement to the practice for time and resources lost.**

Second Missed Appointment: Failure to notify our office (as defined above) for the second time may result in the cancellation of all future appointments and being terminated from the practice. Please keep in mind that the 2 missed appointments do not have to be consecutive. **You may be charged \$50 as reimbursement to the practice for time and resources lost.**

Interpreter: DCND will provide an interpreter for patients who require this service. However, if you cancel or reschedule your appointment without providing adequate notification (as defined above), the patient/guarantor will be responsible for any cancellation fees billed by DCND and the interpreter service. **Appointments will not be scheduled without acknowledgment of the appointment policy. If you miss an appointment and are billed the cancellation fee, future appointments will not be scheduled prior to receipt of payment.**

Chaperone: The patient has the right to a chaperone during sensitive physical exams. This chaperone is an authorized member of the DCND health care team.

Abusive Patients or Family Members: Patients or family members that are deemed as having an abusive behavior towards our physicians, residents, physician assistants, or staff will result in immediate termination from our practice.

By signing below, you are stating that you understand our appointment policy, and you agree to abide by the statements listed above.

INTERPRETER REQUIRED (SELECT ONE) ___ NO ___ YES LANGUAGE _____

PATIENT NAME (printed) _____ Date of Birth _____

PATIENT NAME (signed) _____ Date _____