

## INNER CITY HEALTH CENTER CLINIC POLICIES

### CANCELLATION OF APPOINTMENT

We require at least a 24-hour notice if you will be unable to attend your scheduled appointment.

### “NO-SHOW” APPOINTMENTS

- Missed appointments that are not cancelled before the appointment date
- Late to your scheduled check-in time (if you are late, you will be asked to reschedule or wait for an opening)

**After two no-show appointments, you will not be eligible to schedule routine DENTAL appointments in our clinic for the next three (3) months. You can be seen on a walk-in basis only for a period of 3 months.**

**After five (5) no-show appointments, we may unfortunately have to discharge you from the medical practice.**

Please advise us of any extenuating circumstances that are preventing you from coming to your appointments (transportation, housing, clinic hours, etc.) so we may try to assist you.

### PAYMENT

Payment is due at the time services are rendered.

Unless a prior arrangement has been made with our billing department (payment plans, etc.), **no appointments will be scheduled until your balance due is paid.**

### VOLUNTEER PROVIDER

Inner City Health Center is a private, non-profit, volunteer based health care facility dedicated to providing quality low-cost services. We have several volunteers that provide all services at our clinic. These services range from dental care, family practice and specialty care. **A volunteer provider may provide the care you receive at our clinic. Volunteer providers are held to the same high standards of practice as the full-time staff.**

If you do not consent to having treatment provided by volunteers, our clinic may not be suited for you.

### UNATTENDED CHILDREN

Inner City Health Center cannot be responsible for unattended children. Children under the age of 12 will not be allowed to wait in the reception area unattended. Certain procedures are not suitable for children to watch, patient will be asked to find alternate child-care arrangements or asked to reschedule. If you have not arranged for child-care during your scheduled appointment, you will be asked to reschedule.

I have read and understand the policies regarding:

- Cancellation of appointments
- “No-show” appointments
- Volunteer providers
- Unattended children

I understand my responsibilities and I give my consent to be treated by a volunteer

Signature \_\_\_\_\_

Date \_\_\_\_\_