

Notice to all Medicaid Patients

Our office chooses to participate in dental care for children up to 16 years of age. Currently we have a greater demand for dental care than time permits. Once a patient turns 16, unfortunately we do not have any doctor who accepts the Medicaid coverage. For any patient 16 or older, we will forward records to an office of your choosing.

If the scheduled appointment cannot be kept, we require that **AT LEAST 24 hours notice** be given for cancellation/rescheduling. This allows our office ample time to schedule another patient in need of care. If you do not come in for the scheduled appointment, or if you fail to provide the required amount of time for cancellation/rescheduling, your account will be reviewed, and may be subject to scheduling same-day appointments or unable to schedule appointments at all. **(Any action taken may affect any family member that is or may be scheduled here.)**

I have read the above statements and understand my responsibility as a parent/guardian/patient.

Signature

Printed Name

_____/_____/_____

Date