



ORAL AND MAXILLOFACIAL SURGERY

Patient Responsibility Contract

Appointment Cancellation Policy

If you are unable to keep your scheduled appointment you must give us at least 24-hour notice so that another patient may use your time.

- Patients who arrive more than 15 minutes late will be rescheduled.
- Patients who miss their first appointment without proper notice will be unable to schedule for (30) days.
- Patients who miss their second appointment without proper notice will be unable to reschedule for three (3) months and will receive a warning letter.
- Patients who miss their third appointment without proper notice will be dismissed from the School of Dentistry. Patients whom have consulted with OMFS will be able to be seen for emergency dental work for 30 days after the last missed appointment. A formal letter will be sent to your home with further instruction.

***This cancellation policy does not pertain to our patients that require postoperative care. ***

Financial Policy

- I understand and agree that I am financially responsible for all charges for any and all services rendered. This includes any service, visit or consult. I understand that while my insurance may confirm my benefits, confirmation of benefits is not a guarantee of payment and that I am responsible for any unpaid balance.
- I understand and agree that it is my responsibility to know if my insurance has any deductible, copayment, co-insurance, out-of-network, usual and customary limit, prior authorization requirements, or any other type of benefit limitation for the services I receive and I agree to make payment in full.
- I agree to inform the office of any changes in my insurance coverage. If my insurance has changed or is terminated at the time of service, I agree that I am financially responsible for the balance in full.

Patient Behavior Policy

As a dental clinic our ultimate goal is to provide the highest quality health care to our patients. As a part of that goal it is also our responsibility to maintain a safe and professional environment for our patients, staff, and visitors. Therefore, we reserve the right to refuse treatment to any person who compromises our ability to provide safe and effective care.

Patients are responsible for being respectful of clinic personnel and other patients as well as clinic property. Disruptive and disrespectful conduct will not be tolerated in our clinic area. This includes, but is not limited to:

- Verbally abusive, disrespectful behavior, and inappropriate or sexually suggestive comments
- Physically obstructive behavior that compromises the safety of others (ie. Sudden hand gestures relating to grabbing, touching, swatting, or blocking that can result in injury to patient, staff and providers)
- Violence or any form of aggression
- Audio or video recording of any provider, staff or patients

Patients will not be able to choose which student, resident, or provider they are scheduled with. Care is assigned based on clinic operations, educational needs, and provider availability.

Patients will be reminded to be respectful and discontinue any unruly conduct. If the disruptive behavior persists, patients will be dismissed from the dental clinic.

By signing this document, I acknowledge that I have read and understand the terms of both the University of Minnesota Oral and Maxillofacial Surgery Cancellation Policy, Patient Behavior Policy and Finance Policy. I agree to the terms above and have had the opportunity to receive a copy of this policy for my records.

Patient Name (Print) _____ Date _____

Patient/ Guardian Signature _____