



Charlie Crist  
Governor

Ana M. Viamonte Ros, MD., M.P.H.  
State Surgeon General

## BROKEN APPOINTMENT POLICY

### **PLEASE READ CAREFULLY AND SIGN**

WHEN APPOINTMENTS ARE MADE WE DO EXPECT THEM TO BE KEPT. THESE APPOINTMENTS ARE MADE FOR YOUR CONVENIENCE. OUR TIME IS VERY VALUABLE. IF YOU FAIL TO KEEP AN APPOINTMENT YOU ARE DEPRIVING SOMEONE ELSE OF THIS TIME.

PLEASE KEEP YOUR APPOINTMENTS AND BE HERE **15 min BEFORE** YOUR TIME. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENTS PLEASE NOTIFY US AT LEAST 24 HOURS IN ADVANCE. LESS THAT 24 HOURS NOTICE WILL BE CONSIDERED A BROKEN APPOINTMENT.

**IF YOU BREAK ONE APPOINTMENT YOU WILL NOT BE SEEN IN THE CLINIC FOR THREE MONTHS. IF YOU BREAK TWO APPOINTMENTS YOU WILL BE DISMISSED FROM THE CLINIC FOR ONE YEAR. TRUE EMERGENCY VISITS WILL CONTINUE TO BE SEEN, IF NEEDED.**

YOUR CHILD'S DENTAL HEALTH IS EXTREMELY IMPORTANT FOR THE OVERALL HEALTH OF YOU CHILD! PLEASE TAKE THESE APPOINTMENTS SERIOUSLY!

I AM AWARE THAT FINANCIAL ELIGIBILITY IS DUE EVERY YEAR. IT IS MY RESPONSIBILITY TO BRING IN THE DOCUMENTS REQUIRED TO UPDATE MY FINANCIAL RECORDS. THESE DOCUMENTS INCLUDE:

1. My social security card along with my child's
2. Proof of residency such as a driver's license or utility bill
3. Proof of income such as:
  - a. Paycheck stubs for one month
  - b. Proof of child support
  - c. Disability check
  - d. Unemployment check
  - e. Social Security check

I UNDERSTAND THAT IF I DO NOT BRING IN THE REQUIRED DOCUMENTS I WILL HAVE TO PAY 100% OF THE FEE.

### **I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENTS**

\_\_\_\_\_  
SIGNATURE OF THE PARENT

\_\_\_\_\_  
DATE

**Joan M. Colfer, M.D., M.P.H., Director**

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