

MISSED APPOINTMENT FORM



<p>MISSED APPOINTMENT NOTIFICATION FORM</p>
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Member Name: _____ Member ID#: _____

Dentist Name and Address: _____

Office Phone: _____ Office Fax: _____

TO REPORT A MISSED APPOINTMENT

Complete the following and fax this form to ODS.

Date of missed appointment: _____

Reason Member gave for the missed appointment: _____

Indicate your attempts to assist the Member in receiving services: Rescheduled appointment,

Referred Member to case worker for help with transportation,

Member is being dismissed, referred Member to ODS to find another dentist,

Other _____

Date of missed appointment: _____

Reason Member gave for the missed appointment: _____

Indicate your attempts to assist the Member in receiving services: Rescheduled appointment,

Referred Member to case worker for help with transportation,

Member is being dismissed, referred Member to ODS to find another dentist,

Other _____

**See back to report additional missed appointments

TO REPORT A DISMISSAL DUE TO MISSED APPOINTMENTS

Attach copies of the following to this form and fax all to ODS.

Your office dismissal for missed appointments policy (signed by the Member) **and**

Your dismissal letter to the Member.

Fax this form if applicable, and any necessary dismissal attachments to ODS

Attn: Customer Service at (503) 765-3297 after each missed appointment.

Oregon Administrative Rule 410-141-0080(2) (a) (A) (i)

Missed appointments: The number of missed appointments is to be established by the Provider or PHP. The number must be the same as for commercial Members or patients. The Provider must document they have attempted to ascertain the reasons for the missed appointments and to assist the OHP Member in receiving services.

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ADDITIONAL MISSED APPOINTMENTS

The number of additional missed appointments allowed prior to dismissal is set by your office for missed appointments policy.

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Attn: Customer Service at (503) 765-3297 after each missed appointment.**