

Klamath Health Partnership Inc.

2074 South 6th St., Klamath Falls, OR 97601

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Patient Agreement Form

In order to serve all of our patients and make full use of our resources, the following agreement must be understood and accepted by anyone receiving care at Klamath Open Door Family Practice.

1. Please be on time. Your check in time is 15 minutes before your scheduled appointment. If you are more than ten minutes late for your appointment, it will be considered a “failed appointment” and we will not be able to provide treatment for you that day. You will need to reschedule your appointment for another time
2. Patients must call at least 24 hour in advance to cancel an appointment. If you cancel less than 24 hours prior to your appointment, it will be considered a “failed appointment”.
3. There is no penalty if you cancel an appointment 24 hours in advance. This gives us enough time to give that appointment slot to someone else needing treatment
4. If you do not show up for your appointment, it will be considered a “failed appointment”. This takes away valuable time that could have been used for another patient needing treatment.
5. When a patient has had 3 “failed appointments” within one year, he/she will be dismissed from this practice. (no longer able to be seen here)
6. Patients must agree to be familiar with his/her payment plan for all procedures and services rendered.
7. Patients must be aware of their insurance coverage and agree to the payment of non-covered services.
8. All patient and responsible party information provided to Klamath Open Door must be true and correct to the best of your knowledge.

I understand and agree to the policies stated above.

Name _____

Signature _____ Date _____