MISSED APPOINTMENT FORM

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.
MISSED APPOINTMENT FORM

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

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 ________________

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 ________________

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