

No Show Policy Form

No Show Policy

Our goal is to provide quality medical care to all of our patients in a timely manner. In order to be able to accommodate our other patients with appointments, we request that you please notify the office 24 hours in advance to reschedule or cancel if you are not able to keep your appointment.

Our No Show Policy is as follows:

- A 24-hour notice is required to reschedule or cancel your appointment.
- Late cancellations are considered a "No Show." Calling at the last minute before your scheduled appointment or leaving a message with the answering service is not acceptable cancellation.
- First No Show appointment: You will get a courtesy phone call to remind you of the missed appointment and you have the possibility to reschedule at that time.
- Second No Show appointment: You, NOT your insurance company, will be charged \$25.00 for the time slot we were not able to fill when you were a No Show.
- Third No Show appointment: It will be the Office Manager's or Physician's discretion as to whether a discharge letter will be sent out discharging you from the practice.

I _____, have reviewed and understand the above **No Show Policy**.

Signature _____ Date _____
Signature of Patient or Responsible Party