

## No-Show, Late, & Cancellation Policy

**Description:** “No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment. “Late Arrival” shall mean any patient who arrives at their appointment 15 minutes after the expected arrival time for their scheduled appointment.

**Policy:** It is the policy of this practice to monitor and manage appointment no-shows and late cancellations. Our goal is to provide excellent care to each patient in a timely manner. If it is necessary to cancel an appointment, patients are required to call or leave a message at least 24 hours before their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt care.

### Procedure:

- I. A patient is notified of the appointment & Cancellation Policy” at the time of scheduling. This policy can and will be explained to patients at their request.
- II. **Established patients:**
  - A. Appointment must be canceled 140 STONERIDGE DR prior to the scheduled appointment time. If the appointment is not canceled prior to the scheduled appointment a \$ fee will be due upon arrival of the appointment.
  - B. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.
  - C. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal and will no longer be able to utilize our services.
- III. **New Patients:**
  - A. Scheduled appointments must be canceled at least 24 hours prior to the appointment time. If the appointment is not canceled at least 24 hours prior to the scheduled appointment a \$ fee will be due upon arrival of the next appointment.
  - B. In the event a patient arrives late as defined by “late arrival” to their appointment, our office reserves the right to request a new referral sent from the referring physician.
  - C. In the event of three (3) documented “same-day cancellations,” the patient may be subject to dismissal from our services.

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Signature of Patient or Patient’s Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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Representative’s Relationship to Patient