

# No-Show / Cancellation Appointment Policy

In order to serve our patients better, we have instituted a no show / cancellation policy. All patients are required to contact the office **24 hours before their scheduled appointment** time if they are unable to keep their appointment. This allows us to see patients that otherwise would not have been able to schedule an appointment. **If you do not cancel 24 hours in advance you may be charged a no-show /same day cancellation fee of \$25.00.**

*24 hours notification equates to 24 business hours. For example: notifying this office of a Monday cancellation on Friday after 12:00 p.m. may result in a no-show/cancellation fee. The weekend does not qualify as 24 hour notification.*

## Plan of Action for “No Show / Same Day Cancellation “Patients:

### Established Patients

- **First Occurrence:** The first occurrence will be handled by contacting the patient via telephone and informing them of the missed appointment. The office will try to get the patients appointment rescheduled at that time.
- **Second Occurrence:** The second occurrence will be handled by contacting the patient via telephone and informing them of the missed appointment. The office will try to get the patients appointment rescheduled at that time. **A \$25.00 miscellaneous fee for the missed appointment may be assessed.**
- **Third Occurrence:** The third occurrence may result in the patient being dismissed from the Practice. A certified letter will be sent to the patient giving them 30 days to find another provider.

### New Patients

- **First Occurrence:** The first occurrence will be handled by contacting the patient via telephone and informing them of the missed appointment and our current no-show policy. The patient may reschedule their appointment. .
- **Second Occurrence:** The second occurrence will be handled by contacting the patient via telephone and informing them of the missed appointment. The office will try to get the patients appointment rescheduled at that time. **A \$25.00 miscellaneous fee for the missed appointment may be assessed.**
- **Third Occurrence** – If a new patient does not show or call for the third occurrence they will not be able to reschedule a new patient appointment.

Our staff will attempt to call the contact number we have on file for you one to two day before your scheduled appointment. **Please note that this is a courtesy call only.** If we are unable to contact you, it does not relieve you of the responsibility of keeping the appointment that you scheduled. A no show /same day cancellation fee may apply regardless of whether or not you were notified. It is the patient’s responsible to communicate to our office any changes in your address, telephone contact numbers, email address, insurance or any other information we need to have in your file.

By signing this cancellation policy you acknowledge you have read and understand you must give 24 hour notice for any cancellation.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed