



Patient No-show & Cancellation Policy

Effective March 2, 2024

Patients: This policy applies to all patients and payors equally, excluding Medicare, Medicaid, and Workers' Compensation patients.

No-shows:

Defined as a patient who does not arrive for their scheduled office visit, telemedicine visit, or procedure.

“No-show” appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient does not show up for a scheduled appointment it:

-Potentially jeopardizes the health of the “no-showing” patient.

-Displaces the care of another patient that would have taken the appointment slot.

- A patient who does not show for their office/telemedicine visit appointment **will be charged \$50.00 per occurrence.**
- A patient who does not arrive for their scheduled procedure **will be charged \$100.00 per occurrence.**
- A patient who repeatedly does not show for their office/telemedicine visit appointment or scheduled procedure could lead to the patient’s dismissal from the practice.
- The fee will be charged to the patient and not the insurance company, and is **due at the time of the patient's next office visit.**

Cancellations:

Defined as a patient who does not cancel their scheduled office visit, televisit, or procedure in a timely manner.

- A patient who reschedules or cancels an appointment without providing a 24-hour cancellation notice **will be charged \$50.00 per occurrence.**
- A patient who cancels a scheduled procedure without providing three (3) business days’ notice **will be charged \$100.00 per occurrence.**
- A patient who repeatedly does not cancel appointments and scheduled procedures in a timely manner could lead to the patient’s dismissal from the practice.
- The fee will be charged to the patient and not the insurance company and is due at the time of the patient's next office visit.

I have read and understand the No-show & Cancellation Policy and agree to its terms.

_____	_____
Signature (Patient/legal Guardian)	Relationship to Patient
_____	_____
Printed Name	Date