

LATE OR NO-SHOW POLICY FORM

We strive to meet and exceed the expectations of all our patients, and we are dedicated to rendering excellent medical care to you and the rest of our patients. In order to meet your needs, we are implementing a cancellation and no-show policy. This policy enables us to better utilize available appointments for our patients.

Appointment Cancellations:

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide a **minimum of 24 hours' notice**. Time is specifically reserved for you on the physician's schedule when you make your appointment. When sufficient notice is not given to cancel or reschedule your appointment, it does not give us enough time to contact another patient who could come to the clinic during your assigned time. This results in patients not getting the care they need when they need it.

Late or No-Show:

A "No-Show" occurs when a patient fails to show up for a scheduled appointment and does not notify the practice **before 3:00 pm on the prior business day** to either reschedule or cancel. Monday appointments must be rescheduled or cancelled **before 3:00 pm on the Friday preceding** the appointment.

After three no-shows appointments are documented within a 12-month period, the patient may receive a warning letter or verbal warning (*documented in the medical record*) that continued no-shows might result in the patient being dismissed from the provider or CCNW entirely. After a no-show letter or discussion occurs, the patient is encouraged to call CCNW to confirm any upcoming appointments.

If a patient has a no-show after the warning has been issued, CCNW Compliance will contact the provider to determine the next steps on a case-by-case basis. The provider may determine that the patient must be discharged from the practice. The recommendation to discharge from the practice must be approved by the provider.

Patient/Guardian's Printed Name: _____

Patient/Guardian's Signature: _____

Date: _____