



Today's Date: __/__/__

No-Show Patient Agreement

Dear Patient,

As you know, Jeramiah sees hundreds of patients regularly. Due to this, there is an approximate three week wait time for appointments. We have had a growing problem of patients not showing up to their scheduled appointments. This creates barriers to access for other patients, as well as wastes the resources of TCFC.

Any patient who no-shows an appointment - meaning you do not call and cancel or reschedule BEFORE your appointment time - is responsible for paying **\$50.00** BEFORE you may schedule another appointment. No exceptions.

Any patient who no-shows **THREE** times in a rolling 12 month period will be dismissed immediately and receive a dismissal letter to follow.

Any patient who would like to have a credit or debit card on file for the convenience of the **\$50.00** no-show charge, in order to promptly reschedule, you may do so below.

Card Number:

Expiration (MM/YY): ____/____

3-Digit Code: _____ Zip Code:

By signing this form, you are agreeing to our no-show policy, acknowledging that you understand this policy, and are giving us permission to charge the given card **\$50.00** (if provided) in the event that you no-show an appointment. Patients who do not provide a credit or debit card are acknowledging that you understand that in the event that you no-show an appointment, you MUST call or come in person to pay the **\$50.00** no-show fee BEFORE we can reschedule you.

Patient Name (Print): _____ Date: __/__/__

Patient Signature: _____ Date: __/__/__