



## Liberty Healthcare Partners No-Show Policy

At Liberty Healthcare Partners, we are committed to providing all of our patients with high-quality and timely medical care. In order to do so effectively, we must ensure that appointment times are used efficiently and fairly for all individuals.

### Definition of a No-Show:

A "**No-Show**" occurs when a patient fails to appear for a scheduled appointment **without providing at least 24 hours' notice** of cancellation.

### No-Show Fee:

- **Established Patients:** A \$50.00 fee will be charged for each missed appointment without proper notice.
- This fee is **not covered by insurance** and must be paid before any future appointments can be scheduled.

### New Patient Policy:

- If a **new patient** fails to show for their **initial appointment** without prior notice, they will be **dismissed from the practice** and will not be rescheduled.

### Purpose of This Policy:

Missed appointments result in lost time that could have been used to serve other patients in need. This policy is in place to encourage accountability and help us maintain access and availability for all our patients.

### How to Cancel or Reschedule:

If you need to cancel or reschedule your appointment, please contact our office at 423-489-5839 option 1 no later than **24 hours** in advance of your appointment time.

We appreciate your understanding and cooperation.

**Liberty Healthcare Partners**