

ORMOND FAMILY MEDICAL CENTER

NO SHOW/CANCELLATION POLICY

Here at *Ormond Family Medical Center* we strive to provide excellent medical care to **ALL** of our patients. As a busy medical practice the schedule is **OFTEN** at capacity and many patients are on a wait list to be seen. To be fair, when an appointment is scheduled, this time is reserved for you. When an appointment is missed or canceled on short notice we hope you understand that this time **CANNOT** be used for the patients on our wait list. Failure to provide adequate notice of a cancellation **AT LEAST 24 HOURS** before scheduled appointment or missed appointment will result in a **NO SHOW FEE** of **\$45.00**. In some cases may even result in restriction to make future appointment until account is paid up to date.

Our Practice does provide at least 3 different ways to confirm your appointment by text, email and a voice call from our staff.

OUR POLICY IS AS FOLLOWS:

- You **MAY** cancel your appointment **24 HOURS** on the business day before your scheduled appointment with no consequence. We will be happy to reschedule your appointment for you and leave the open time for another patient to be seen.
- If you **MISS** your appointment or **CANCEL** on the **DAY OF YOUR APPOINTMENT** *Ormond Family Medical Center* reserves the right to bill you **\$45.00** for regular office visits. **EACH NO SHOW, LATE** cancellation and/or being **20 OR MORE MINUTES LATE** for your scheduled appointment.
- There will be a **\$75 FEE** for CPE (complete medical exam), Annual Wellness visits and hospital follow ups.
- These **FEES** are the **PATIENT RESPONSIBILITY** and is **NOT** billable to insurance. Please note you will have to pay this fee before we can schedule your next appointment

Our office does realize that on rare occasions emergencies or circumstances may arise beyond your control. We will be happy to address these situations on an individual basis. In some cases documentation supporting these rare occasions will be necessary to help our Practice Administrators determine the correct course of action necessary to help you in those cases.

If you have any questions regarding this policy, please direct them to the Practice Office Manager/Administrator by calling our office at **386-672-6243 option**.

We thank you for working with us to ensure services are provided to **ALL** of our patients in the best possible way.

I have read and understand our **Patient No-Show/Cancellation Policy** of *Ormond Family Medical Center* and agree to these terms. I also understand that such terms may be amended periodically by the practice.

SIGNATURE: _____ **PRINT:** _____ **DATE:** _____