

**FISHER'S LANDING PRIMARY CARE**  
**APPOINTMENT ATTENDANCE, CANCELLATION & NO-SHOW POLICY ACKNOWLEDGMENT**

This document serves as a formal reminder and acknowledgment of Fisher's Landing Primary Care's existing appointment attendance, cancellation, and no-show policies. These policies are currently active and effective. Patient acknowledgment is required in order to continue receiving care at our practice.

We value the time of our patients, providers, and staff and are committed to providing timely, high-quality care. As such, Fisher's Landing Primary Care requires all patients to re-review and acknowledge the following appointment attendance policies as a condition of receiving care at our practice.

**Required Cancellation Notice**

Our office requires a minimum of one (1) full business day notice to cancel or reschedule an appointment. Same-day cancellations will be treated as a no-show.

Appointments scheduled for Mondays must be canceled by the end of business on Friday. Cancellations made over the weekend for a Monday appointment will be considered a *late cancellation* and treated as a *no-show*.

INITIAL: \_\_\_\_\_

**Late Cancellations and No-Shows**

A **Late Cancellation** is defined as canceling an appointment without the required one (1) business day notice.

A **No-Show** is defined as missing a scheduled appointment without notice or arriving too late to be seen by the provider.

**Late Cancellations** are considered **No-Show** appointments for the purposes of fee assessment and practice policy enforcement. Both **Late Cancellations** and **No-Show** appointments are documented in the patient's medical record.

INITIAL: \_\_\_\_\_

**Cancellation and No-Show Fee**

A fee of \$75.00 will be charged for each appointment that is either not canceled within the required notice period or is a no-show.

All cancellation and no-show fees must be paid in full prior to being seen again by your provider.

INITIAL: \_\_\_\_\_

### **Practice Discharge Policy**

Patients who accumulate three (3) *no-show* appointments may be subject to discharge from the practice. If discharged, patients will be provided with 30 days of emergency medication refills, when medically appropriate, and will be advised to contact their insurance company to identify another in-network medical provider.

These policies are in place to ensure fair access to care for all patients and to allow our providers to maintain a consistent and effective schedule.

INITIAL: \_\_\_\_\_

### **Financial Responsibility and Consent**

I acknowledge and agree that I am financially responsible for all cancellation and no-show fees incurred, that such fees are not billable to insurance, and that all outstanding fees must be paid in full prior to being seen again by a provider. I understand that agreement to and compliance with this policy is a condition of receiving care at Fisher's Landing Primary Care, and that failure or refusal to agree to this policy will result in my inability to be seen or scheduled at this practice.

INITIAL: \_\_\_\_\_

By signing below, I acknowledge that I have read, understand, and agree to the appointment attendance, cancellation, and no-show policies outlined above, including my financial responsibility and the requirement to comply with these policies in order to receive care at Fisher's Landing Primary Care.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_