CLAYTOR MEMORIAL CLINIC

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Missed Appointment and Late Cancellation Policy

Claytor Memorial Clinic reserves appointment times specifically for each patient. Appointments must be canceled or rescheduled at least 24 hours before the scheduled appointment time.

Commercial Insurance and Self-Pay Patients

An appointment that is missed, or canceled or rescheduled with less than 24 hours' notice, may result in a $50 fee charged to the patient's account.

This fee is the responsibility of the patient or responsible party and will not be submitted to insurance. Non-urgent future appointments may not be scheduled until the fee has been paid or other arrangements have been approved by the Clinic.

Repeated missed appointments or late cancellations may result in discharge from the practice following appropriate notice and continuity-of-care procedures.

Medicaid and FAMIS Patients

Medicaid and FAMIS patients will not be charged a missed-appointment fee.

However, missed appointments and appointments canceled or rescheduled with less than 24 hours' notice will count toward the Clinic's attendance policy.

More than one missed appointments or late cancellations may result in:

1. A written reminder of the attendance policy.
2. A formal attendance warning.
3. Review for possible discharge from the practice.

The Clinic may consider emergencies, hospitalizations, transportation failures, placement disruptions, family crises, or other documented extenuating circumstances.

Discharge decisions will be based on more than one failure to attend scheduled appointments and the Clinic's resulting inability to provide safe, consistent, and clinically appropriate treatment—not on a patient's insurance status or inability to pay a fee.

Urgent clinical concerns, medication safety issues, and necessary transition care will be addressed according to clinical judgment.

Acknowledgment

By signing below, I acknowledge that I have read and understand Claytor Memorial Clinic's Missed Appointment and Late Cancellation Policy. I understand that repeated missed appointments or late cancellations may affect the Clinic's ability to continue providing services.

Patient Name: _____

Responsible Party: _____

Signature: _____

Date: _____