PARTNERS IN FAMILY MEDICINE “NO-SHOW” OFFICE POLICY

Quality care for our patients is our priority. Please take a few minutes to review our No-Show Policy

and sign the bottom of the form. If you have any questions please let us know.

**Definition of a “No-Show” Appointment**

Partners in Family Medicine define a “No-Show” appointment as any scheduled appointment in which the patient either:

 -Does not arrive to the appointment

 -Arrives more than 20 minutes late and is consequently unable to be seen

**Impact of a “No-Show” Appointment**

“No-Show” appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient “no-shows” to a scheduled appointment it:

 -Potentially jeopardizes the health of the “no-showing” patient

 -Is unfair (and frustrating) to other patients that would have taken the appointment slot

**How to Avoid a “No-Show**” **Appointment**

1. Confirm your appointment
2. Give notice to cancel or re-schedule the appointment
3. **Appointment Confirmation**

Partners in Family Medicine will attempt to contact you the day before your scheduled appointment to confirm your visit. If we are unable to speak with you directly we will leave a message.

1. **Give at least 12 hours notice if you need to cancel your appointment**

When you need to cancel or reschedule a visit, please contact our office at least 12 hours before your scheduled appointment. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care as well as giving us the opportunity to rebook a now vacant appointment slot with another patient. If less than 12 hours is not possible, please provide the office the courtesy of a phone call.

**Consequences of a “No-Show” Appointment**

 If you miss 3 or more appointments within a year you may be at risk of being dismissed from the practice.

1. A $30.00 “No- Show” fee will be charged for each missed appointment
2. A $50.00 “No-Show” fee will be charged for each missed Physical/Well Visit appointment
3. Patient dismissal is at the discretion of the medical provider
4. Only emergency medical treatment will be offered within the first 30 days of dismissal

I have read and understood the Partners in Family Medicine “No-Show” policy described above.

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Patient Signature Date

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 Printed Name of Patient Date of Birth