

## Patient Acknowledgement

### NO SHOW POLICY

#### **POLICY:**

To notify patients of a possible financial penalty for failure to cancel a scheduled appointment. Personnel will document in the schedule when a patient no shows an appointment or cancels an appointment on short notice.

Patients should be advised at the time of scheduling, failure to give 24 hour notice of cancellation of an appointment or no-showing an appointment can result in the following consequences:

1. First offense: Warning letter sent to the patient.
2. Second offense: Charge of \$115.00 to account. This charge cannot be billed to the insurance company. Failure to pay a no show fee will be treated according to our policy on unpaid balances, with the exception of collection accounts.
3. Third offense: Discharged from practice. Patient will be given a 30 day grace period to find another provider.

Medical care will not be withheld for a medical emergency.

#### **PURPOSE:**

To make the patient aware that missed appointments have an impact on the physician's schedule, as well as possible health risks for the patient.

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES.** I hereby acknowledge that I have received this medical practice's Notice of Privacy Practices. A copy of the Notice of Privacy Practices and any amendments will be available from the receptionist upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date