

No-Show Policy Acknowledgement

ADULT MEDICAL and BEHAVIORAL HEALTH

Your healthcare providers want to make sure that you and other area residents have access to high quality medical care when you need it. To ensure maximum access to care for all of our patients, please be aware of and follow the Appointment/No-Show Policy.

Keeping Scheduled Appointments & Arriving Early

We will do our best to remind you of your upcoming medical appointment by phone, mail, or email. But it is *your responsibility to remember your appointment date and time.*

You are required to arrive 20-30 minutes *before* your scheduled appointment time. If you cannot make it or think you will be late to your scheduled appointment, please let us know *as soon as possible*. Notification after 3:00 pm the business day before the appointment is too late and is considered a no-show. If you are more than 10 minutes late, we might require you to be re-scheduled. If you are having a hard time finding transportation, please let us know. We might be able to connect you to resources that can help.

What is considered a “No-Show”?

- A no-show is someone who does not arrive for their appointment on the day of the appointment or does not notify the office before 3:00 pm the business day before the appointment.

What happens when I “No-Show” my appointment?

When you don't come to your appointment, you take an appointment time away from someone else who could have used it. **Because there are so many people in our community who do not have access to quality medical and dental services, “No-Shows” are taken very seriously.**

New Patients:

If you No-Show two new patient medical appointments in a 12-month period, you will not be allowed to schedule another appointment for one year.

Established Patients:

If you No-Show 3 appointments in a 12-month period, you will not be allowed to schedule another appointment ahead of time for one year but must call for a same day appointment. You will be given an appointment if there are any available.

I understand and agree to abide by this No-Show Policy.

Patient or Patient's Parent/Guardian Signature

Date