

# **Patient Attendance Policy**

# Cancelling/Rescheduling

As we have reserved your appointment time for you, we kindly request that you notify us no later than 24 hours prior to your scheduled appointment time should you need to cancel or reschedule. This will allow us to offer this appointment time to other patients who need medical care.

Appointments cancelled or rescheduled with less than 24 hours notice, will be subject to a cancellation fee.

#### Late Arrivals

You will be required to reschedule any appointments in which you arrive more than 15 minutes past the scheduled appointment time. We will do our best to reschedule your appointment on the same day of your appointment, but with the understanding that we may not be able to accommodate you. Providing you with the medical care you need is a priority for us and we therefore request that you arrive on time for all appointments.

## No Call/No Show

Any appointment in which you fail to arrive for without prior notification will be considered a no show and a \$40.00 fee will be assessed.

## Please note...

- In certain situations, such as worker's compensation cases, Family Medicine Associates is required to report treatment compliance, which includes keeping scheduled appointments, to the utilization reviewer.
- Any fees assessed for non-compliance of Family Medicine Associates Cancellation Policy must be
  paid by cash or credit card, prior to your next visit. Please note that these fees are not reimbursable
  by insurance companies.
- Family Medicine Associates reserves the right to discharge any patient with 3 or more Attendance Policy Violations

To optimize the care, we provide our patients and minimize scheduling conflicts, Family Medicine Associates requires each patient to acknowledge receipt and understanding of our attendance policy.

Patient Signature	DOB:
Patient Name(Please Print)	Staff Initials
	Date