



## **NO SHOW POLICY**

Physicians To Women strives to provide exceptional patient care for every patient, every visit. To help achieve this level of care for all patients, it is important you notify us in a timely manner if you are unable to keep your appointment. This allows other patients access to this valuable time. Appointments can be canceled/rescheduled by calling 540.982.8881.

We reserve the right to charge a fee for any scheduled appointment that you:

- Cancel with less than 24 business hours' notice for an office visit or
- Cancel with less than 48 business hours' notice for an in-office procedure or
- Cancel with less than 7 business days' notice for a hospital surgical procedure or
- Fail to show for any type of scheduled appointment
  - This includes arriving more than 10 minutes late to any type of scheduled appointment

Fees for late cancellation/missed appointments are (\*subject to change without notice):

- Office Visit: \$ 50.00
- In-office Procedure: 150.00
- Hospital Surgical Procedure 250.00

Fees are NOT billed to insurance and are the sole responsibility of the patient. Fees must be paid before rescheduling is allowed.

### **Dismissal From Practice**

An existing patient will be dismissed from the practice:

- After the third instance within any 12-month period of failing to show for or failing to provide timely notification of cancellation of an office visit or in-office procedure (missing either type of appointment counts towards the total of 3).
- When you fail to show for or fail to provide timely notification to cancel any hospital surgical appointment (you may be reinstated upon payment of the fee).

### **New Patients**

Patients yet to be seen by a provider of Physicians To Women are subject to the following policy:

- A \$50.00 fee will be charged to a patient who cancels their initial appointment with less than 24 business hours' notice or fails to show for the appointment. Rescheduling of the initial appointment is allowed after the fee has been paid.
- If the patient cancels the rescheduled initial appointment with less than 24 business hours' notice or fails to show for the rescheduled initial appointment, the patient will not be allowed to reschedule with any provider.

**I understand fees are charged for late cancellation or missed appointments. Also, based on the above policy, I understand that I can be dismissed from the practice depending on the appointment type and the number of times this happens.**

Patient Name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (printed) If Patient Is Minor: \_\_\_\_\_

Parent/Guardian Signature If Patient is Minor: \_\_\_\_\_

**Fees are not charged to patients who are covered under any Medicaid funded health care program. However, the policy for dismissal from practice for late cancellation and failing to show for appointments does apply.**

I certify that I am covered by a Medicaid funded program.

Program Name: \_\_\_\_\_

Patient name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_