

Patient Name: _____

Date of Birth: _____

APPOINTMENT CANCELLATION AND NO-SHOW POLICY ACKNOWLEDGEMENT

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time.

As a courtesy, and to help patients remember their scheduled appointments, we send reminders via phone call or text message 2 days in advance of the appointment time.

If your schedule changes and you cannot keep your appointment time, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least a 24 hour notice.

If you do not cancel or reschedule your appointment with at least a 24 hour notice, we may assess a **\$35.00** "no-show" service charge to your account. This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it.

After three consecutive no-shows to your appointment, our practice may decide to terminate its relationship with you.

I understand the "no-show" policy of Family Clinic of Oak Ridge and agree that my account may be charged **\$35.00** for any no-show of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential no-show charge.

Patient/Guardian Signature

Date

CMG: No Show Charge Policy