



### **Cancellation, No-Show and Late Arrival Policy**

We strive to provide excellent medical care to you and to all our patients. To ensure everyone's appointment time is respected, we have an appointment cancellation, no-show and late arrival policy that allow us to better schedule appointments for all patients. When an appointment is scheduled, that time has been specifically reserved for you. When the appointment is missed that time cannot be used to treat another patient in need of care.

- We request all new patients arrive 30 minutes prior to their scheduled appointment.
- We request that all established patients arrive 10 minutes prior to their scheduled appointment.

#### **Our Cancellation and No-Show Policy is as follows:**

- We request that you provide our office 24-hour's notice if you need to cancel or reschedule your appointment.
- A patient that no-call/ no-shows their scheduled appointment will be charged a \$25 fee.
- A patient that has a second no-call/ no-show will be charged a \$50 fee and be added to the schedule as the last patient of the day.
- A patient that has a third no-call/ no-show appointment will be charged a \$100 fee and will result in discharge from the medical group.

#### **Our Late Arrival Policy is as follows:**

- New patients are to arrive 30 minutes before appointment time. Should a new patient arrive less than 10 minutes before the scheduled appointment time, the patient might have a shorter visit or may need to be rescheduled.
- Established patients are to arrive 10 minutes before appointment time. Should established patient arrive 5 minutes or more late to the scheduled appointment time, the appointment may be rescheduled.

Patients are expected to be respectful and courteous to all team members in all interactions. Patients that are rude and disrespectful will be asked to leave the office.

Should you have any questions regarding these policies, please let our staff know and management will be glad to speak with you in more detail.

I have read and understand the Cancellation, No-Show and Late Arrival Policy and I agree to abide by the terms. I also understand and agree that such terms may be amended from time to time by the practice.

I, \_\_\_\_\_ (print name) have read and received a copy of Reno Heart & Vascular Institute's policy.

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

Date: \_\_\_\_\_