

PATIENT NOTIFICATION

APPOINTMENT CANCELLATION AND NO-SHOW POLICY

As a patient receiving services from a physician at Nephrology Associates of Tidewater, I understand that I am responsible to cancel appointments within one business day/24 hour timeframe of your scheduled appointment. Failure to do so is considered a No-Show. The following will apply:

- 1) The patient will be expected to arrive on time for a scheduled appointment.
- 2) The patient will be expected to cancel an appointment one business day / 24 hours in advance by telephoning the physician's office for notification during regular office hours.
- 3) If the patient fails to telephone the office to cancel an appointment, it will be considered a "No-Show". A \$30 "No Show" fee will be applied.
- 4) If the patient fails to show for an appointment, the patient will be notified first by telephone and also by letter (for each no-show) and will be given an opportunity to reschedule the appointment after the \$30 "No Show" fee has been paid.
- 5) If the patient cannot be reached by telephone, the patient will be sent a letter regarding the need to contact the doctor's office to arrange for follow-up. (A copy of the letter is maintained in the patient chart)
- 6) Failure to cancel an appointment due to hospitalization, adverse weather conditions, or other unusual circumstances will NOT be considered as failure to cancel an appointment.
- 7) The patient may be terminated from the doctor's services after three (3) documented no-show appointments within a 12 month period.
- 8) Prior to terminating services, a letter will be sent from the doctor to the patient explaining the reason for termination.
- 9) The termination letter will include names and telephone numbers that the patient may contact for referrals to other area nephrologists.
- 10) The termination letter will state that the patient can see the doctor on an emergency basis for 30 days from the date of the notification of termination of services. Regular or non-emergent appointments will NOT be scheduled during this 30 day period of time.
- 11) The termination letter will state that medications will be refilled, as medically necessary, for 30 days from the date of the termination of services letter.
- 12) The patient's referring physician will be notified of the patient's failure to show for an appointment.

POLICY: Staff will attempt to remind the patient one week before their scheduled appointment. This is a courtesy service that we provide and does not relieve the patient from their responsibility to arrive for their scheduled appointment. Patients who consistently fail to present themselves for a scheduled appointment will be considered Chronic No-Shows. Three (3) no-show appointments in a 12 month period may result in the patient's dismissal from this practice.

PATIENT SIGNATURE

DATE