

LATE ARRIVAL/CANCELLATION/MISSED APPOINTMENT POLICY

Patient Name: _____ DOB: _____

We make every effort to be on time for our patient's appointments and ask that patients reciprocate the same courtesy. Appointment tardiness or missed appointments create difficulties for other patients of the day.

LATE APRRIVAL:

If a patient is more than 10 minutes late for an appointment, the appointment may need to be rescheduled. This is to ensure that the patients who arrive on time do not wait longer than necessary to see the provider. You may be given the option to wait for another appointment time on the same day **if one is available**. We will try to accommodate late-comers in the best manner possible but cannot compromise on the quality and timely care provided to our other patients.

If a patient presents to the office 15 minutes late for a scheduled appointment, the patient will be asked to reschedule their appointment and will be charged the no show fee of \$75.00. This fee is not covered by your insurance.

LAST MINUTE CANCELLATIONS AND MISSED APPOINTMENTS:

Occasionally, illnesses, weather or other unexpected emergencies make it necessary to cancel an appointment with less than 24- hour notice. Please call our office immediately and we will do our best to accommodate your situation.

If you must change your appointment, a 24 hour notice is required. A missed appointment is time that could be used to benefit another patient. Simply stated, a missed appointment or late cancellation would be one that the patient failed to meet the prearranged and agreed upon time or did not provide adequate 24-hour advance notice.

FEES:

Missed appointments, last-minute cancellations and late arrivals are disruptive to the optimal delivery of care to you and our other patients. As a result, there will be a \$75.00 fee for any missed appointment, last-minute cancellation or late arrival. This fee is not covered by your insurance and must be paid before another appointment can be scheduled. After three occurrences you may be dismissed from the practice and denied future appointments.

I have read and understand the missed appointment policy for Alpine Cardiology, PLLC.

PATIENT SIGNATURE: _____ DATE: _____