

AENTC Patient No Show and Cancellation Policy

We are committed to providing exceptional care to all our patients. To ensure that we can serve everyone effectively and maintain timely appointments, we have established the following policy regarding missed or canceled appointments.

1. Appointment Confirmation

To help you remember your scheduled appointments, we send reminders via [Email/phone/text message] [5/3/2] days prior to your visit. Please confirm your appointment as soon as possible.

2. Cancellation Policy

If you need to cancel or reschedule your appointment, we kindly request that you provide at least 48 hours' notice. This allows us to offer the appointment slot to another patient in need of care.

3. No-Show Definition

A "no-show" is defined as failing to attend a scheduled appointment without prior notice or arriving more than 15 minutes late. This disrupts our schedule and impacts other patients seeking timely care.

4. No-Show Fee

To encourage adherence to appointment schedules, a fee of \$50 will be charged for missed appointments or cancellations made with less than 24 hours' notice. This fee is the patient's responsibility and cannot be billed to insurance.

*Surgery patients, a fee of \$100 will be charged for any no show or cancellation within 2 business days

5. Repeated No-Shows

Patients who accumulate (3) no-shows within a calendar year may be subject to the following actions:

- Limited scheduling options
- Possible discharge from the practice

6. Exceptions

We understand that emergencies and unforeseen circumstances can arise. If you miss an appointment due to such reasons, please contact our office as soon as possible. We will review each situation on a case-by-case basis and may waive the no-show fee at our discretion.

PATIENT ACKNOWLEDGEMENT

I have read and understand the policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Printed name of the patient

Signature of Patient or Responsible Party - Date