



# SYMMETRY FAMILY HEALTH

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## **NO SHOW AND CANCELLATION POLICY**

### **Cancellation of an Appointment**

In order to be respectful of the medical needs of other patients, please be courteous and call promptly if you are unable to attend an appointment. This time will be reallocated to another patient who needs to be seen. This is how we can best serve the needs of our patients. If it is necessary to cancel your scheduled appointment, we require that you call 24 business hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

### **How to Cancel Your Appointment**

To cancel appointments, please call (270) 885-9995. If you do not reach the receptionist, you may leave a detailed message on the voice mail.

### **Late Cancellations**

Late cancellations (less than 24 business hours) will be considered as a “no show”.

### **No Show Policy**

A “no show” is someone who misses an appointment without canceling it 24 business hours in advance of your scheduled appointment. (Example: your appointment is at 3 pm on Tuesday. You need to call by 3 pm on Monday). No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your chart as a “no show”. For ESTABLISHED patients, the first time there is a “no show”, you will be sent a letter alerting you to the fact that you have failed to show up for an appointment and did not cancel the appointment. A copy of the letter will be placed in your chart. If there is a second “no show”, a fee of \$25.00 will be billed to your account and sent to your address on file. This fee covers administrative tasks associated with your appointment. This fee will need to be paid in full before scheduling any further appointments. Three “no shows” in a 12-month period of time may result in discharge from the practice. For NEW patients, if there is a “no show” establish care visit, then you will be placed on same day scheduling only. If there is a second “no show”, you will not be rescheduled and considered dismissed from the practice. A fee of \$25.00 will be billed to your account and sent to your address on file.

Patient Name (PRINT): \_\_\_\_\_

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

Date:

Witness: \_\_\_\_\_

Date: