

# Dragon Rises College Student Clinic No-Show, Late, & Cancellation Policy

## Description

“No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment. “Late Arrival” shall mean any patient who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

## Policy

It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. The Student Clinic’s goal is to provide excellent care to each patient in a timely manner. If it is necessary to cancel an appointment, patients are required to call or leave a message **at least 24 hours before** their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

## Procedure

- I. A patient is notified of the “Appointment No-Show, Late, & Cancellation Policy” at the time of scheduling. This policy must be acknowledged and signed by the patient and will be provided in writing to patients at their request.
  
- II. Established patients:
  - A. Appointment must be canceled at least 24 hours prior to the scheduled appointment time or be subject to the posted “Appointment No-Show, Late & Cancellation Policy” fee.
  - B. In the event a patient arrives late, as defined by “late arrival” to their appointment, and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available, and can be charged the late fee at the providers' discretion.
  - C. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from the Student Clinic. The patient’s chart is reviewed, and dismissals are determined by the Clinic Director.
  
- III. New patients:
  - A. Appointment must be canceled at least 24 hours prior to the scheduled appointment time or be subject to the “Appointment No-Show, Late & Cancellation Policy” fee.
  - B. In the event of a no-show, the Student Intern/SUP or administrative assistant will attempt to reschedule the appointment and can choose to enforce the “no-show” fee at their discretion.
  - C. In the event a patient arrives late, as defined by “late arrival” to their appointment, the Student Clinic reserves the right to process the appointment or reschedule the appointment and charge the “late” appointment fee.
  - D. In the event of three (3) documented “same-day cancellations,” the patient may be subject to dismissal from the Student Clinic. The patient’s chart is reviewed, and dismissals are determined by the Clinic Director.

# Patient Acknowledgement

## No-Show, Late & Cancellation Policy

**Dragon Rises College Student Clinic** has instituted an Appointment Cancellation Policy. A cancellation made with less than a 24-hour notice significantly limits our ability to make the appointment available for another patient in need.

To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office with a **24-hour notice** in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to other patients. A message can always be left with the front desk or reply via text when receiving the appointment reminder to avoid a cancellation fee being charged.
2. **A “No-Show,” “No-Call,” or missed appointment without proper 24-hour notification may be assessed a \$45 fee.**
3. If you are 15 or more minutes late for your appointment, the appointment may be canceled or rescheduled and assessed the missed appointment fee at your provider's discretion.
4. As a courtesy, we send automatic text reminders for appointments one to two days in advance. Please note, that if a reminder message is not received, the cancellation policy remains in effect.
5. Repeated missed appointments may result in termination of the physician/patient relationship.

If you have any questions regarding this policy, please let our staff know, and we will be glad to clarify any questions you have. A copy of this policy will be provided to you. Please sign and date below your acknowledgment.

I have read and understand the Appointment Cancellation Policy, and I acknowledge its terms. I also understand and agree that such terms may be amended from time to time by the clinic.

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Printed Name of Patient

Signature of Patient Date

Date