 **BELLBROOK FAMILY PRACTICE**

 **Appointment Cancellation/No Show Policy**

Thank you for trusting your medical care to Bellbrook Family Practice. When you schedule an appointment, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. We ask patients arrive 5 to 10 minutes early for their appointment, as this gives time to complete check in and take care of any potential insurance issues. Please see our Appointment Cancellation/No Show Policy below:

1. Any established patient who fails to reschedule an appointment with at least 24 hours’ notice will be considered a Same Day Cancellation.
2. Any established patient who fails to show for an appointment without any notice will be considered a No Show. In addition, a fee of $25.00 may be assessed. The fee is charged to the patient, not the insurance company, and is due at the time of the patient’s next office visit.
3. In the event a patient arrives 15 minutes late to their appointment, they cannot be seen by the provider on the same day, they will be rescheduled for a future visit.
4. If three, No Show and or Same Day Cancellations should occur in a reasonable period as determined by the practice, or if they are consecutive in nature the patient may be dismissed from Bellbrook Family Practice at the discretion of Practice Management and or the Medical Director. Excessive tardiness may also result in dismal from the practice.
5. Any new patient who fails to show for their initial visit will not be rescheduled.

 We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our office, and explain the situation as soon as possible.

I understand the Appointment Cancellation/No Show Policy of Bellbrook Family Practice and agree to adhere to this policy by signing below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (printed) Patient Signature Date