No-Show, Late & Cancellation Policy
Patient Information & Acknowledgement

We, at Community Outreach Medical Center (COMC), want to ensure that you have access to high-quality healthcare when you need it. To ensure optimal access to all COMC services and programs for all of our patients, please review the *No-Show, Late & Cancellation* policy information below, initial and sign as indicated.

_____**Terminology**: "No-Show" shall mean any patient who fails to arrive for a scheduled appointment without proper notification and/or any patient who cancels/reschedules an appointment less than twenty-four (24) hours prior to a scheduled appointment. "Late" shall mean any patient who arrives fifteen (15) minutes after a scheduled appointment time.

_____**Scheduled Appointments**: As a courtesy, COMC will attempt to contact every patient via phone at minimum twenty-four (24) hours in advance of their appointment; however, it is the responsibility of the patient to arrive for their appointment and on time. New patients are to arrive thirty (30) minutes before their scheduled appointment time. Established patients are to arrive fifteen (15) minutes before their scheduled appointment time. Patients arriving more than fifteen (15) minutes after their scheduled appointment time will be given the option to be seen the same day as a walk-in, if the provider's schedule permits, or rescheduled for a later date.

_____**Cancelling/Rescheduling Appointments**: Requests for appointment cancellation and rescheduling must be received twenty-four (24) hours in advance of a scheduled appointment. Failure to notify COMC in advance, of the inability to keep an appointment, will be documented as a "No-Show" appointment.

_____**Missed Appointments**: Patients that accrue three (3) "No-Show" appointments within a single calendar year (January-December) will be placed on "Walk-in Status". A patient on "Walk-in Status" will be seen on a walk-in basis only for a period of six (6) months or the patient may incur a $50.00 fee, due in full, prior to the patient being seen or scheduled for another appointment.

By indication of my initials above and my signature below, I fully acknowledge, understand and agree to adhere to COMCs *No-Show, Late & Cancellation Policy*.

_____

Patient Signature or Legal Representative *Date*

Legal Representative (Print): _____ *Relationship*: _____