



## Appointment Cancellation Policy

We strive to render excellent patient care to you and the rest of our patients. In attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

### Our policy is as follows:

We require that you give our office **24 hours** notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you have a same day cancellation or missed an appointment without contacting our office within the required time, this is considered a missed appointment. This policy applies to new and established patents and will be charged directly to the patient/ guarantor, NOT to the patient's insurance. All Cancellation fees **MUST** be paid prior to the next appointment in order to be seen. PrimeHealth Primary Care reserves the right to terminate the doctor-patient relationship of established patients due to no-show cancellations. New patients who no-show for their appointment will NO longer be able to schedule with our providers and WILL be billed the No-show cancellation fee. New patients will be allowed to be seen in PrimeHealth Primary Care, but ONLY after the No-Show fee has been paid.

**Same day cancellation and missed appointment fee \$50.00. Patients more than 15 minutes late without prior notice cancellation fee \$50.00. New Patient same day cancellation and missed appointment fee \$100.00.**

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for your patronage.

**I have read and understand the Appointment Cancellation 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.**

I, \_\_\_\_\_ (print name), have received a copy of PrimeHealth Primary Care Appointment Cancellation Policy.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date