CORNERSTONE
FAMILY CARE

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No-Show, Late, & Cancellation Policy

We understand that unexpected situations may arise. To ensure we can provide the best care to all our patients, we have established the following policy.

Definitions:

- **"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 office 15 minutes after the expected arrival time for the scheduled appointment leading to a same day cancellation.

Policy:
It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. Our 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.

Consequences:
In the event of "No Show" a ***$50 no-show fee*** will be applied to your account for each missed appointment without rescheduling or cancellation notice. *This fee is the responsibility of the patient and is not covered by insurance.*

- Established patients - In the event a patient has incurred three (3) "no shows" and/or "same-day cancellations" within a rolling calendar year, the patient may be dismissed from the practice, at the discretion of the provider. Only emergency medical treatment will be offered within the first 30 days of dismissal.

- New patients – In the event a patient has incurred two (2) "no shows" and/or "same-day cancellations" within a rolling calendar year, you WILL be dismissed from the practice.

Exceptions:
We understand that emergencies or unforeseen circumstances may arise. Please contact us as soon as possible to explain the situation. We will work with you on a case-by-case basis.

We appreciate your efforts to be here on time for your appointment and for understanding the value of the time that has been set aside for you.

By signing below, you acknowledge that you have read and understand this policy.

Patient / Guarantor Name Printed	Patient / Guarantor Signature	Date