



## RHC Cancellation and Missed Appointment Policy

Our goal is to provide quality individualized medical care in a timely manner. "No-shows" and late cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

**Cancellation of an Appointment** In order to be respectful of the medical needs of other patients, please be courteous and call the Rural Health Clinic office promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

**How to Cancel Your Appointment:** To cancel appointments, please call your providers number listed below;

Byron Perkinson, MD 625-8516    Shouping Li, MD 625-8585    Echo Mathews, FNP 623-3543

Jeremy Hurst, FNP-C 623-3575    Residence Clinic/C.R. Westling, MD 623-3554

**Late Cancellations:** A late cancellation is considered when a patient fails to cancel their scheduled appointment with a 24-hour advance notice.

**No Show Policy:** A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a "no-show."

- Missed appointment: \$25 fee will be billed to your account

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Administrative Director Pamela Wickkiser at (775) 623-5222 extension 1602.

**Please sign that you have read, understand and agree to this Cancellation and No show Policy.**

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Date of Birth \_\_\_\_\_

**Patient Name (Please Print)**

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**Signature of Patient or Representative**

**Date**