

## NO SHOW, CANCELLATION AND LATE ARRIVAL POLICY EFF 1/1/2022

It is the goal of Joplin Ear, Nose & Throat to provide excellent care to each patient in a timely manner. We schedule appointments so that each patient will have the appropriate amount of time to be seen and treated by our physician and staff according to their individual symptoms and issues. That is why it is very important that each patient keep their scheduled appointment and arrive promptly at their scheduled time.

As a courtesy to our patients, our office will make a reminder call 2 business days prior to the scheduled appointment.

**Late arrival** means any patient who arrives at the clinic 15 or more minutes after the scheduled appointment time. If you arrive 15 minutes or more after your scheduled appointment time, your appointment will be canceled and you will be responsible for rescheduling it.

**Same day cancellation** means cancellation of an appointment or surgery less than 24 hours before the scheduled appointment/surgery time. If you are unable to keep your appointment or scheduled surgery, please contact our office with at least 24 hour notice so that we may reschedule your appointment/surgery, and accommodate those patients who are on our waiting list.

**No show** means failure to arrive for a scheduled appointment or surgery without prior notification to our office.

Established patients - if you fail to show up for an appointment without notification, you will be charged a \$25 no show fee. This charge is not reimbursable by your insurance company and will be billed directly to you.

After three no shows for office appointments, the patient will be subject to dismissal as a patient of Joplin Ear, Nose & Throat.

New patients – if you fail to show up for an appointment without notification, you will not be allowed to re-schedule your appointment.

If a patient fails to show up for a scheduled surgery, without notification to our office, the patient will be dismissed as a patient of Joplin Ear, Nose & Throat.

I understand the no show, late arrival and same day cancellation policy of Joplin Ear, Nose & Throat as written above, and agree to its provisions. I understand that failure to comply may result in my dismissal as a patient of Joplin Ear, Nose & Throat.

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Patient name (print)

Date

Signature

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Guarantor name (print)

Date

Signature

(only if patient under age 18 or disabled)