



No Show and Late Policies

Late Cancel: Treasure Valley Rheumatology appreciates you as a patient and is honored to participate in your care. One of our goals is to provide to our patient's sufficient access through timely appointments scheduled with our healthcare team. For that reason, if you are unable to make your scheduled appointment, we ask that you notify us at least 24 hours in advance. Advanced notification allows us time to reassign the appointment to another patient in need. Neglecting to give us a 24-hour notice will result in a \$50.00 late cancellation fee.

No Shows:

Established Patients: Our practice monitors missed appointments. As a courtesy we notify all patients of missed appointments via call/letter. After the 2nd missed appointment, or when a repetitive pattern of patient initiated reschedules is identified in a 12-month rolling calendar year, your provider may choose to dismiss you from the clinic. There will be a \$50.00 no show charge. In the event of circumstances that affect numerous patients (inclement weather events, traffic accidents, etc) and at the discretion of your provider and the Practice Manager, exceptions to this policy may be made to accommodate our patients. While phone calls are appreciated if you are running late, these policies still apply.

New Patients: Patients that No Show their initial New Patient appointment will not be allowed to reschedule in the future. This is due to the fact there is a high demand for rheumatology services and limited rheumatologists in the local area.

Late arrival: Unfortunately, when a patient does not arrive at their check in time, this can impact the care provided to all of the patients scheduled on that day. Squeezing in a late arriving patient does not allow the Physician to address all concerns and can impact the quality of care that is delivered. Therefore, patients arriving more than 10 minutes after their appointment time may be asked to reschedule.

I understand and acknowledge the above stated policy:

Name (print) _____ Date of Birth _____

Signature _____ Date _____