

Dear Patient,

This is a notice to inform you of a new policy concerning missed appointments that has been instituted in our practice. Starting **August 1, 2017**, there will be a fee for missed appointments if you fail to give our office a 24-hour notice of cancellation in the future. This no-show fee will be billed to your account directly, as it is not covered by your insurance. **You will bear complete financial responsibility** and failure to pay may result in loss of office privileges until paid. The purpose of this policy is to discourage non-compliance with medical visits recommended by your primary care physician for your own safety. It also allows for appointments to be available to sick patients that need to be seen in the office urgently.

Sincerely,

The Physicians and staff at NWIN

No-show policy guidelines:

Appointment Details	Fees:
1st missed appointment	Warning letter mailed to patient with Policy attached
2nd missed appointment	\$35.00 Fee charged to patient
3rd or more missed appointment	Physician discretion to dismiss patient

In an effort to assist patients with reminders, we will remind patients of scheduled appointments 48-hour in advance through our automated service. Please make sure that we have the most recent phone number and address and keep us informed with any changes that develop. Please sign below. Your signature signifies that you have read the terms of the policy, agree to follow the guidelines, and agree to pay any fees that result from non-compliance.

Date

Printed Name of Patient

Date Of Birth

Signature of patient or guardian