

# DMC PRIMARY CARE

## MEDICAL APPOINTMENT NO SHOW POLICY

Patient Name (First and Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Thank you for trusting DMC Primary Care with your medical care. We value our patient relationships and always strive to provide the best service and care possible. When you schedule an appointment with DMC, we set aside sufficient time for you to receive the care you need from our providers.

If you need to cancel or reschedule an appointment, we ask that you do so as soon as possible, preferably **at least 24 hours** before your scheduled appointment. This allows us to accommodate other patients who may be waiting for an appointment or require acute care services. Please review DMC's Medical Appointment No-Show Policy below.

### Definitions:

A no-show is defined as an appointment (in-person or tele-visit) in which the patient fails to notify the office via phone call or by responding to the reminder notification to cancel or change an appointment.

### New patients who have never been seen at DMC primary Care:

If the first appointment is missed, patient's medical record will be deactivated without any further notifications.

### Patients who have established care at DMC primary care including specialty services (sports medicine, pain management, cardiology, diabetes management & education, nutrition, nephrology, and sleep medicine):

We understand that extenuating circumstances can sometimes result in a missed appointment. To address these situations, DMC has instituted the following policy:

**First No-Show:** Patients who no-show their first appointment within a 12-month period will receive a reminder letter along with copy of the No Show policy.

**Second No-Show:** Patients who no-show a second appointment within the same 12-month period will receive a final warning letter. A **\$50 fee** will be charged to your DMC Primary Care account. You will be notified of the charge. Payment is expected prior to your next visit. Insurance will not cover this fee.

**Third No-Show:** Patients who no-show a third appointment within the same 12-month period will be discharged from the practice. Discharged patients will receive a discharge notification letter via certified mail.

If you experience extenuating circumstances and would like to speak with someone about reconsidering a no-show warning, please call the office at 603-537-1300 during normal business hours. Calls are answered live from 7:30 am to 7:30 pm, Monday-Thursday, 7:30 am to 5:00 pm on Friday, and 8:00 am to 2:30 pm on Saturday.

We provide automated call, text, and email reminders 2-3 days prior to all appointments. However, even if you do not receive a reminder call, email, or text message, the above policy will remain in effect. We encourage our patients to keep track of their appointments, as our reminder system is only provided as a courtesy.

Thank you for your cooperation and attention to this important policy. We look forward to continuing to provide you with the top-quality care you deserve.

Signature (Patient or Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Print name (Parent or Guardian) \_\_\_\_\_

For office use:

Witness printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_