ReGenesis Health Care

NO SHOW/MISSED APPOINTMENT POLICY
For Medical, Dental and Behavioral Health Appointments

We, at ReGenesis Health Care (RHC), understand that sometimes you need to cancel or reschedule your appointment and there are emergencies. If you are unable to keep your appointment, please notify us as soon as possible.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted 1 business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY:

1) Please cancel your appointment with at least 24 hours notice: There is a waiting list to see the clinician's at RHC and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2) If less than a 24 hour cancellation is given this will be documented as a "No-Show" appointment.
3) If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.
4) After the first "No-Show/Missed" appointment, you will receive a phone call or letter warning that you have broken our "No-Show" policy. ReGenesis will assist you to reschedule this appointment if needed.
5) If you have 2 "No-Show/Missed" appointments within a one year time period, you will receive a warning letter from our office.
6) If you have 3 "No-Show/Missed" appointments within a one year time period, dismissal from the practice will be suggested. You will be notified by letter if the dismissal was approved.

I have read and understand ReGenesis Health Care's **No Show/Missed Policy** and understand my responsibility to plan appointments accordingly and notify RHC appropriately if I have difficulty fulfilling my scheduled appointments.

_____   _____ _____
Patient Name   Date of Birth   Date

_____ _____
Patient Signature or Parent/Guardian if minor   Relationship to Patient

_____ _____
RHC Staff Signature   Date

7/14