

No-Show/Missed Appointment Policy

We understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible. See policy below. Call (972) 235-6911

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 patient to arrive at their scheduled visit on time. As a courtesy for well-check appointments, we will attempt to reach you one business day prior to your scheduled check-up. However, it is ultimately the responsibility of the patient to arrive on time for their appointment.

PLEASE REVIEW OUR POLICY:

1. We request that you please give us **at least a 24-hour cancellation notice** on well-check appointments. There is usually a waiting list to see Dr. Porter & Dr. Galloway (especially in the summer) and we'd like to offer cancelled spaces to our other waiting patients. If less than a 24-hour cancellation is given, this will be documented as a **No-Show appointment**.
2. We request at least a **2-hour cancellation notice for same-day sick visits**. If less than a 2-hour cancellation is given, this will be documented as a **No-Show appointment**.
3. If you just fail to show for your appointment (any kind of appointment), this will be documented as a **No-Show appointment**.
4. After the **first No-Show appointment**, you will receive a phone call or letter stating that you have broken our No-Show policy. Our office will assist you to reschedule this appointment if needed.
5. If you have **2 No-Show appointments** within a one-year time, you will receive a warning letter from our office and will be assessed a **\$50.00 no-show/missed appointment fee**.
6. If you have **3 No-Show appointments** within a one-year time, you will receive a **second \$50 no-show fee assessment**. Also, you could possibly be dismissed from the practice.

**These No-Show/Missed Appointment fees are billed to you personally. Insurance companies do not cover these types of charges. The balance from these charges will need to be paid before we see you again.

I have read and understand the John R. Porter, MD, PA No-Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____