



## Missed Appointment Agreement

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Thank you for trusting your medical care to Summit Medical Group. We work diligently to maintain a high level of professional and personalized service. We strive to accommodate our patient's need for office visits in a timely manner. When a patient cancels an appointment without adequate notice, or simply fails to keep an appointment, we cannot use that time to serve the needs of other patients.

Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

### Appointment Cancellation/No Show Policy:

- Effective July 1, 2018 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours notice** will be considered a No Show and charged a **\$40.00 fee**.
- If a **third** No Show or cancellation/reschedule without a 24 hour notice should occur, the patient may be **dismissed** from Summit Medical Group.
- Any new patient who fails to show for their initial visit may not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is **due at the time of the patient's next office visit and/or upon receipt of statement**, whichever occurs first.
- As a courtesy, we make reminder calls for appointments. Regardless of whether or not you receive a call reminder, the above Policy will remain in effect.

I have read and understand Summit Medical Group's No Show/Missed Appointment Guidelines and agree to its terms.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (or Parent/Guardian if minor)

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Relationship to Patient