



No Show / Cancellation Policy

Our goal is to provide quality individualized care in a timely manner. This policy enables us to better utilize available appointments for our patients. Hill Health will contact patients **72 hours prior to their appointment**. However it is the responsibility of patients, once they have made their appointment, to either keep the appointment or cancel with appropriate notice given.

Cancellation

Please call us as soon as you know you are unable to make your appointment. If it is necessary to cancel your scheduled appointment, please provide us with at least 24 hours in advance. Appointments which are cancelled with **less than 24 hours notification may be subject up to a \$75.00 cancellation fee**.

No Show

A “no show” is someone who misses an appointment without cancelling it 24 hours in advance. A failure to be present at the time of a scheduled appointment will be recorded as a “no show”.

- **First missed** appointment for **established patients** there will be **no charge**.
- **Second missed** appointment for established patient there will be a **\$75.00 fee** billed to your account.
- **First missed** appointment for a **new patient** there will be a **\$150** fee billed to your account.
- **Pulmonary Patients** may be dismissed from the practice for **failing to show for their appointments**.

Delayed/Late Arrival

If you are delayed and cannot make an appointment on time, please call to let us know your estimated time of arrival. A significant delay may mean that your appointment will be with another physician, if one is available. If your delay is significant we may ask you to reschedule.

Please sign that you have read, understand and agree to this Cancellation and No Show policy.

Patient Name _____ Date of birth ____/____/____
(please print)

Signature _____ Date ____/____/____