

SCHEDULING • POLICY 3.10

APPOINTMENT NO-SHOWS

It is the policy of the Cape Fear Eye Associates, PA to monitor and manage appointment no-shows. Any patient who fails to arrive for a scheduled appointment without canceling or rescheduling the appointment 24-48 hours prior to the scheduled time is considered a “no-show.” A no-show patient is charged \$25.00 as set by the Cape Fear Eye Associates, PA, for failure to show. A patient who consistently fails to present themselves for scheduled appointments is considered a chronic no-show. A patient who is a no-show more than three times is brought to the provider’s attention and then is determined if the patient should be discharged from the Cape Fear Eye Associates, PA.

PROCEDURES

1. A patient is notified of the no-show policy at the time of initial registration. The no-show policy is provided in writing upon the patient’s arrival, along with the Cape Fear Eye Associates, PA registration forms. The policy is also displayed on the Cape Fear Eye Associates, PA website.
2. A patient’s appointment status is automatically updated according to actions taken on chart. (I.e. checking in, rescheduling, etc.)
3. By the end of the same day, if the appointment is missed, the front desk and clinical manager review the charts of the patient’s who failed to present for his or her appointment. At the time the patient will be set up to receive the attached letter via mail.
4. The Cape Fear Eye Associates, PA charges each no-show patient a missed appointment fee.
5. A patient who fails to present for his or her scheduled appointment more than once is considered a chronic no-show. This type of patient is only given certain appointment slots (e.g., the last of the morning) and may be required to prepay for certain services and/or to provide a credit card number with an agreement that a service fee is charged if he or she fails to present for an appointment.
6. A patient who fails to present for his or her scheduled appointment more than three times without the requested advanced notification is dismissed from the Cape Fear Eye Associates, PA. (See related policy 6.14 on Termination of Provider-Patient Relationship.)

I have read this policy. I agree to all the terms and conditions. I understand that failure to comply with these procedures can result in dismissal from Cape Fear Eye Associates, PA.

Signature

Date