



## NO SHOW/LATE CANCELLATION APPOINTMENT POLICY

We, at **Emed Multispecialty Group**, understand that there are emergencies and sometimes you need to cancel or reschedule your appointment. If you are unable to keep your appointment, please call us as soon as possible (**with at least a 24-hour notice**). For your convenience, there are several options available to cancel your appointment.

- (1) Call us at (904) 513-3240 during our normal business hours.
- (2) If you call after hours, our after-hour phone service is available to assist you.
- (3) Download the HEALOW app for access to cancel or make an appointment.

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, we will attempt to send an appointment reminder call/text at least one (1) business day prior to your scheduled appointment. Please ensure we have your updated phone number on file. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY:

- Please cancel your appointment with at least a 24 hours' notice. There is a waiting list to see the Providers at Emed and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
- If less than a 24-hour cancellation is given this will be documented as a "No-Show" or "Late Cancellation" appointment and **will be assessed a \$20.00 no-show or late cancellation fee**.

***For Primary Care only:***

- (1) If you have missed two (2) appointments in the last year, you will not be permitted to make another appointment for the time of one year since the date of your last no-show appointment.
- (2) If you still need an appointment, then you will need to be seen as a walk-in or seek care with another provider.

I have read and understand Emeds No Show/Late Cancellation Appointment Policy and understand my responsibility to plan appointments accordingly and notify Emed appropriately if I have difficulty keeping my scheduled appointments.

_____	_____	_____
Patient Name (PRINT)	Date of Birth	Date
_____	_____	
Patient Signature or Parent/Guardian if minor	Relationship to Patient	
_____	_____	
Staff Signature	Date	