

Sage Integrative Medicine Clinic, PLLC

No Show/Late Cancellation Policy

Sage Integrative Medicine Clinic, PLLC cultivates a doctor-patient relationship that is based on trust, focusing on patients as individuals. Our physicians and excellent support staff strive to be fair and courteous in all of our dealings. • The following policy has been established to help us serve you better. It is necessary for us to make appointments in order to see our patients as timely as possible. No-shows and late cancellations cause problems that go beyond any financial impact to our practice. When an appointment is made, it takes an available time slot away from another patient in need of medical care. Not cancelling an appointment in a timely fashion is unfair to other patients, some of whom may be quite ill and may unnecessarily delay the delivery of health care. For these reasons, we have developed the following No-show/Late Cancellations policy.

No-show/Late cancellation Policy

- A no-show is defined as missing a scheduled appointment without calling us in advance to cancel the appointment. A late cancellation is defined as failing to cancel or reschedule a scheduled appointment by 12 p.m. the day before your scheduled appointment *during business days*. We request that if you need to cancel or reschedule your appointment, you must contact our office no later than 12 p.m. the day before your scheduled appointment (during business days) so that we may offer the appointment time to another patient who is in need of medical attention.
- We understand that everyone might have unforeseen event in which you cannot make your appointment with us so we have allotted you one grace appointment each calendar year in which you will not be charged a fee, as described below, for that sudden emergency.
- For each subsequent no-show or late cancellation during the same calendar year, we are charging the nominal fee of \$35 for return visits, \$70 for a new patient appointment, \$75 for a missed IV Nutrient appointment, and \$75 for a missed IV ozone appointment; this charge will apply to each appointment that a late cancellation or no-show occurs. This office will not submit this charge to your insurance carrier or Medicare, as applicable. These fees are your financial responsibility. A patient who no-shows three times within a twelve month period, regardless of whether it is in the same calendar year, is subject to dismissal from the practice.
- Finally, we understand that the circumstances beyond your control may arise, where adequate notice is not possible. These limited situations will be considered on a case by case basis.
- Please understand that the intent of this policy is to aid us in offering a high standard of care to our patients and that this policy is in place to help us achieve that goal. We pledge to do our part to keep our schedule moving as efficiently as we possibly can.

We value you as a patient and appreciate your understanding and cooperation. I acknowledge that I have read and understand this No-show/Late Cancellation Policy. I further understand that I will incur fees in the event I fail to notify this office before 12 p.m. the day before my scheduled appointment (on business days) or if I fail to show up for my scheduled appointment. Any fees incurred are my responsibility to pay and in the event I incur a fee, such fee shall be paid within a timely manner.

Patient Signature or Legally Responsible Person

Print Name

Date