



Greater Hartford Women's Health Associates

No Show / Late Cancellation Policy

It is our desire to provide timely and accessible care to all of our patients at Greater Hartford Women's Health Associates. We will make every effort to accommodate your scheduling needs. In return we ask for your help by keeping your scheduled appointments. In order to be respectful of the medical needs of other patients, please be courteous and call the office promptly if you are unable to keep an appointment. This time can then be offered to someone who is in urgent need of care.

No Show Policy:

All appointments must be cancelled by 3pm of the previous day (or by 3pm on Friday for a Monday appointment) to avoid incurring a \$40.00 no-show or late cancellation fee. **PLEASE NOTE: Insurances do not cover no-show or late-cancellation fees so the patient will be responsible for payment.**

Established Patients

- * **First missed appointment** – You will receive a phone call informing you of your missed appointment with the opportunity to reschedule with the office.
- * **Second missed appointment** – You will receive a phone call informing you of your second missed appointment with the opportunity to reschedule with the office no sooner than three weeks from missed appointment.
- * **Third missed appointment** – You will be notified of your third missed appointment and may be subject to dismissal from the practice at the physician's discretion.
- * No show appointments that involve appointments for multiple family members may result in not being able to schedule appointment times together in the future.

New Patients

- * **First missed appointment** – You will be notified of your missed appointment and may be subject to dismissal from the practice at the physician's discretion.

Canceling an Appointment: To cancel appointments please call the office during our regular business hours. Our automated reminder service will call to confirm your appointment time two days before your scheduled appointment. You will be given the option to choose to confirm or reschedule at that time by following the prompts. You may call us to reschedule your appointment during our regular business hours.

We appreciate your consideration.

I understand the No Show and Cancellation policy and the importance of calling to cancel my appointment in advance.

Patient Signature

Date

*Thank you for your continued support of our practice.
If you believe that there may have been an error made in scheduling
or that you deserve special consideration, please provide an appeal in writing for consideration.*