**PATIENT NOTIFICATION OF APPOINTMENT CANCELLATION**

**AND NO-SHOW POLICY**

Staff will attempt to remind patients one day before their scheduled appointments. This is a courtesy service and does not relieve the patient from their responsibility to arrive for their scheduled appointments. Failure to cancel an appointment within 24 hours is considered a NO-SHOW and the following will apply:

1. The patient will be expected to cancel an appointment 24 hours in advance by telephoning the physician’s office for notification *during regular office hours*.
2. A $50.00 charge will be applied to patient’s account for clinic appointments and $100 for ASC appointments.
3. If the patient NO SHOWS; staff will attempt to contact patient to reschedule.
4. The patient may be terminated from Southern Idaho Pain Institute after 3 documented no-show appointments within a 12 month period.

We do understand that emergencies arise and that it may not be possible to give a 24-hour notice. Exceptions to the No-Show/Late Cancellation Policy will be determined by the manager.

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_