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**NO SHOW/MISSED APPOINTMENT POLICY**

We, at Cleaver Medical Group, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice). You can cancel appointments by calling the following number: 770-800-3455.

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, an appointment reminder email, call and/or text to you are made/attempted prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

**PLEASE REVIEW THE FOLLOWING POLICY:**

1. Please cancel your appointment with at least a 24 hours’ notice: There is a waiting list to see the clinician’s at Cleaver Medical Group and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a 24-hour cancellation is given this will be documented as a “No-Show” appointment.
3. If you do not present to the office for your appointment, this will be documented as a “No-Show” appointment.
4. If you arrive 15 minutes late for your scheduled appointment you will be considered a “No-Show”
5. If you “No-Show” a regular office visit appointment with Cleaver Medical Group, we will apply a **$50.00 “No-Show”** fee to your account. If you “No-Show” a surgery/procedure, we will apply a **$250.00 “No-Show”** fee to your account. These fees will have to be paid in full before we schedule you for any additional appointments.
6. If you have 3 "No-Show " appointments within a twelve (12) month period, you will be subject to dismissal from our practice. **\* You will be notified by letter if the dismissal was approved. \***

**I have read and understand** Cleaver Medical Group’s No-Show Appointment Policy and understand my responsibility to plan appointments accordingly and notify Cleaver Medical Group appropriately if I have difficulty keeping my scheduled appointments.

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Patient Name Date of Birth Date

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Patient Signature Date

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Staff Signature Date