



NO SHOW/MISSED APPOINTMENT POLICY

We, at AgLands Family Health, Professional LLC, 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: 719-363-1533. 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 call to you is made/attempted one (1) business day 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 AgLands Family Health, PLLC and whenever possible, we like to fill canceled spaces to shorten the waiting period for our patients.
2. If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.
3. If you are more than 10 minutes past your appointment time, this will be considered a "No-Show".
4. There is a \$50 fee for any appointment that is "No-Show/Missed".
5. If you have 1 "No-Show/Missed" appointment within a one-year period, you will receive a verbal warning.
6. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office.
7. If you have 3 "No-Show/Missed" appointments within a one-year time, you will get a Dismissal from the practice. On the third "No-Show/Missed" you will have forty-five days to find a new provider. This office will only see you on an emergency basis during that time, with no scheduled medication refills.

I have read and understand AgLands Family Health, PLLC No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly, and AgLands Family Health, PLLC appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient

Staff Signature

Date