



NO-SHOW POLICY

Quality care for our practice members is our priority! Please take a few minutes to review our no-show policy.

DEFINITION OF A “NO SHOW” APPOINTMENT

Mat-Su Midwifery and Family Health defines a “No-show” appointment as any scheduled appointment in which the client either:

- Does not arrive to the appointment
- Cancels with less than 24 hours’ notice
- Arrives more than 10 minutes late and is consequently unable to be seen

IMPACT OF A “NO-SHOW” APPOINTMENT

“No-show” appointments have a significant negative impact on our practice and the care we provide to our clients. When a client “no-shows” a scheduled appointment it:

- Potentially jeopardizes the health of the “no-showing” client
- Is unfair (and frustrating) to other patients that would have taken the appointment slot
- Disrespects not only the provider’s time, but also the time of the entire staff

HOW TO AVOID GETTING A “NO-SHOW”

As a courtesy, and to help clients remember their scheduled appointments, Mat-Su Midwifery and Family Health gives confirmation phone calls the working day prior to scheduled appointment time.

1. Confirm your appointment
2. Arrive 15 minutes early
3. Give 24 hours’ notice to cancel appointment

GIVE 24 HOURS’ NOTICE IF YOU NEED TO CANCEL

Calling us or leaving a voice message is an easy way to communicate about your appointment needs. When you need to cancel or rebook a scheduled visit, we expect you to contact our office no later than 24 hours before the scheduled visit. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care as well as giving us the opportunity to rebook the now vacant appointment slot with another practice member waiting for an appointment. If it is less than 24 hours before your appointment and something comes up, please give us the courtesy of a phone call.

CONSEQUENCES OF “NO-SHOW” APPOINTMENTS

After three no-shows to your appointment within a year, our practice may decide to terminate its relationship with you. The client’s chart will be reviewed and dismissals will be determined by the provider.

I, _____ understand the “no-show” policy of Mat-Su Midwifery and Family Health. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential no-show appointment on my record.

Signature _____ Date _____