



CHCNRV No-Show and Appointment Policy Effective January 1, 2023

To increase access to appointments for all patients, the Center routinely monitors patient “no show” and unconfirmed appointments.

A “no-show” occurs when a patient fails to confirm their appointment, show for a confirmed appointment, OR cancels/reschedules their confirmed appointment *after 3 p.m. two (2) business days before.* Monday appointments must be cancelled/rescheduled before 3 p.m. on Thursday before the appointment. Any appointment scheduled for longer than one hour will be counted as two “no-shows.”

New patients who “no-show” to their first appointment will not be able to schedule a new patient appointment at any Center site for six months.

After three documented “no-shows” for an existing patient, they must attend a face-to-face or virtual meeting with the Program Director (*or other designated staff*). This meeting will address any issues or barriers that the patient has with keeping their appointments. A patient may not schedule any routine appointments until this “no-show” meeting takes place. Medications may be prescribed on a case-by-case basis as reviewed by their healthcare provider(s).

If the patient continues to “no-show” after a “no-show meeting” has taken place, the Program Director (*or other designated staff*) will meet with the clinical staff involved in the patient’s care to determine next steps. This may include discharge from the practice upon approval in writing by the Chief Medical Officer.

Effective January 1, 2023: All patient appointments must be confirmed by 3:00 p.m. two (2) business days before or they will be cancelled and counted as a “no-show.” For example, Monday appointments must be confirmed by 3:00 p.m. on Thursday. *Please ensure the Center has correct contact information on file to receive appointment reminders and confirmation requests.*

Effective January 1, 2023: Patients who arrive 10 minutes late or more to your scheduled appointment will be asked to reschedule and the appointment may be counted as a “no-show.”

Patient Name (Printed): _____

Patient/Guardian Signature: _____

Date: _____