

PATIENT CANCELLATION, NO SHOW AGREEMENT

Welcome to SELAH WOMEN'S HEALTH (SWH).

Effective January 1, 2018 SWH will enforce a new Cancellation and No Show Policy.

Our goal is to provide quality medical care in a timely manner. In order to achieve this, we implemented a cancellation/no show policy. This policy allows SWH to better utilize available appointments for our patients in need of medical care.

For your convenience, our office will coordinate appointment reminders and send a text message 4 days prior to your scheduled appointment. This only pertains to those who have a cell phone listed with us. We will also call two days ahead to remind you of your appointment.

Cancellation of an appointment

In order to be respectful of the medical needs of other patients, please be courteous and call Selah Women's Health promptly if you are unable to attend an appointment. This time will be utilized for someone who is in need of medical care. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Patients who cancel appointments with less than **24 hours' notice will be considered a No Show**. Appointments are in high demand and your early cancellation will give another patient the opportunity to be scheduled during this time.

How to cancel and reschedule your appointment

To cancel / reschedule appointments, please call (530)338-0002. If you are unable to reach our patient care coordinator, you may leave a detailed message on the voicemail. A minimum of 24 hours cancellation notice is required for appointments. If you would like to reschedule your appointment, please be sure to leave your contact information and the best time to return your call.

No-Show policy

A "no-show" is someone who misses an appointment without cancelling in a timely manner. "No-Shows" inconvenience other patients who need access to medical care. You will receive a letter informing you of the No Show with a copy of this policy/agreement and a **\$35 fee** assessment.

We realize that an emergency may occur, and you may not be able to notify us. We will discuss that situation with you when it happens.

Thank you for working with us to ensure that services are provided to all of our patients in the best possible way.

Acknowledgement of Cancellation & No Show Agreement

Signed: _____ **Date Signed** _____

Print Name: _____

If Patient is a Minor Print Name _____