

PENINSULA KIDNEY ASSOCIATES POLICIES AND PROCEDURES

POLICY: Patient No Show, Reschedule and Cancellation

NO SHOW/CANCELLATION POLICY

Thank you for trusting your medical care to Peninsula Kidney Associates. When you schedule an appointment with PKA we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

If you do not cancel or reschedule your appointment with at least 24 hours' notice, we may assess a \$60.00 (established patient) or \$100 (new patient) "no-show" service charge to your account. This "no-show charge" is not reimbursable by your insurance company and will be billed to you directly. This fee will be charged to your account and must be paid prior to scheduling another appointment. In the event there are three consecutive appointment no-shows, you may be considered for termination from the practice.

As a courtesy, and to help patients remember their scheduled appointments, PKA sends out multiple text messages and email reminders in advance of the appointment time. Please make sure that we have your most recent phone and email information to ensure we reach you in a timely manner. However, absence of an appointment reminder does not exempt you from the fee in the event of a no show.

PATIENT RESCHEDULE POLICY

At Peninsula Kidney Associates, we will work with you to find the best available appointment time that fits with your schedule. We understand that life gets busy and rescheduling an appointment may be necessary. However, repetitive rescheduling of the same appointment can be disruptive to our schedule. In the event of three (3) documented reschedules for the same appointment the patient will be subject to a \$50 fee. This fee will be charged to your account and must be paid prior to scheduling another appointment. A \$50 fee will also be charged for every reschedule thereafter until seen for your appointment.

I have read and understand the Patient No Show, Reschedule and Cancellation Policy and agree to its terms.

Patient Name: _____

Patient Signature: _____

Date: _____