



## NO SHOW/MISSED APPOINTMENT POLICY

We, at Alaska Center for Pain Relief, understand that sometimes you need to cancel or reschedule your appointment and 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: 907-339-4800.

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 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 24 hours notice: There is a waiting list to see the clinician's at Alaska Center for Pain Relief and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
- 2) If less than a 24 hour cancellation is given this will be documented as a "No-Show" appointment.
- 3) If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.
- 4) After the first "No-Show/Missed" appointment, you will receive a phone call or letter warning that you have broken our "No-Show" policy. Alaska Center for Pain Relief will assist you to reschedule this appointment if needed.
- 5) If you have 2 "No-Show/Missed" appointments within a one year time period, you will receive a warning letter from our office and will be assessed a \$75.00 no show fee.
- 6) If you have 3 "No-Show/Missed" appointments within a one year time period, dismissal from the practice will be considered. You will be notified by letter if the dismissal was approved.

**I have read and understand** Alaska Center for Pain Relief No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Alaska Center for Pain Relief appropriately if I have difficulty keeping my scheduled appointments.

\_\_\_\_\_  
Patient Signature or Parent/Guardian if minor  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date