

Medical Appointment Cancellation/No Show Policy

Thank you for trusting your medical care to Waynesboro Family Medical Associates, LLP (WFMA). When you schedule an appointment with WFMA 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 but 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. Please see our **Appointment Cancellation/No Show Policy** below:

- Effective July 1, 2016 any established patient who fails to show or cancel/reschedule an appointment and has not contacted our office with **at least 24 hours notice** will be charged a **\$25.00 fee**.
- Any established patient who fails to show or cancel/reschedule an appointment without a 24 hour notice a **second time** will be charged a **\$50.00 fee**.
- Any established patient who fails to show or cancel/reschedule an appointment without a 24 hour notice a **third time may be dismissed from the WFMA practice**.
- Any **new** patient who fails to show for their initial visit will not be rescheduled.
- The above fee is charged to the patient, not the insurance company, and is **due within 30 days**.
- As a courtesy, when time allows, we make reminder calls for appointments 2 days prior to the appointment date. If you do not receive a reminder call or message, the above policy will still be in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our OFFICE MANAGER, who may be able to waive the fee. You may contact Waynesboro Family Medical Associates, LLP during regular business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. and Saturday from 8:00 a.m. to 12:00 noon.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date