



## **No Show, Late, & Cancellation Policy**

“No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment. “Late Arrival” shall mean any patient who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. East Valley Diabetes & Endocrinology’s goal is to provide excellent care to each patient in a timely manner. If it is necessary to cancel an appointment, patients are required to call or leave a message at least 24 hours before their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

- I. A patient is notified of the appointment “No-Show, Late, & Cancellation Policy” at the time of scheduling. This policy can and will be provided in writing to patients at their request.
  
- II. **New/Established Patients:**
  - a. Appointment must be cancelled at least 24 hours prior to the scheduled appointment time.
  
  - b. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.
  
  - c. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from East Valley Diabetes & Endocrinology. The patient’s chart is reviewed, and dismissals are determined by a physician only, no exceptions, in accordance with East Valley Diabetes & Endocrinology’s guidelines.
  
- III. **Procedures:**
  - a. Appointment must be cancelled at least 48 hours prior to the scheduled appointment time.
  
  - b. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.
  
  - c. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from the East Valley Diabetes & Endocrinology. The patient’s chart is reviewed, and dismissals are determined by a physician only, no exceptions, in accordance with East Valley Diabetes & Endocrinology’s guidelines.



East Valley Diabetes & Endocrinology

P: (480) 782-9531 F: (480) 782-9530

Myazdr.com

**IV. Fees:**

New Patient \$100.00

Established Patient \$50.00

Procedure \$100.00

AHCCCS Patient \$25.00

S.B. 1357 Authorizes physicians or PCPs who provide acute care services to AHCCCS members to charge a \$25.00 fee to an AHCCCS member if the member misses an appointment and does not cancel the appointment in advance. Permits the physician or PCP to prohibit the AHCCCS member from rescheduling until the \$25.00 fee is paid.

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 Billing Department, they may be able to waive the No Show fee. You may contact East Valley Diabetes & Endocrinology 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday, or a weekend, you may leave a message or you can also text us through our HIPAA compliant messaging system Klara.

**East Valley Diabetes & Endocrinology P: (480) 782-9531**

**T: (480) 651-8037**

**I have read and understand the No Show, Late, & Cancellation Policy and agree to its terms.**

Signature of Individual (or Legal Representative): \_\_\_\_\_

Individual's/Legal Representatives Name (Print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_