

## **NO SHOW/MISSED APPOINTMENT POLICY**

We, at Florida Family Medical Center, understand that sometimes you need to cancel or reschedule your appointment and that 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: 727-443-7478

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 one (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 a 24 hours' notice: There is a waiting list to see the clinician's at Florida Family Medical Center 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, at your appointment time, this will be documented as a "No-Show" appointment.
4. Each No Show appointment will result in a \$50.00 no show fee to you, this fee will need to be paid prior to seeing a provider at a future appointment.
5. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office.
6. If you have 3 "No-Show/Missed" appointments within a one-year time dismissal from the practice will be considered. **\*You will be notified by letter if the dismissal was approved.**

**I have read and understand** Florida Family Medical Center's No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Florida Family Medical Center appropriately if I have difficulty keeping my scheduled appointments.

\_\_\_\_\_  
Patient Name

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date