



Patient “No Show” Policy

“No Show” Definition: The occurrence in which a patient fails to notify a staff member at Aiken Physicians Alliance within 24 hours of his/her scheduled appointment to cancel or reschedule his/her appointment.

Policy Terms & Conditions: Aiken Physicians Alliance allows 2 “no shows” within a (rolling) one year time frame. On the 3rd occurrence, we proceed with termination of the physician-patient relationship for a 3-year term. Upon termination, our office will continue to direct care for a termed patient for any emergent medical issues and may refill any medical necessary medications within 30 days from the date of termination. Within that 30-day time period, the termed patient must proceed with securing a new physician.

Reason for Policy: “No show” occurrences severely impact our practice financially, and it does not allow us the opportunity to schedule another patient in your absence. We, in addition to all other medical practices, request at least a 24-hour notice of cancellation when a patient is unable to attend his/her scheduled appointment.

I, _____, have received the Patient “No Show” Policy and agree to the terms and conditions set forth in this policy. I promise to provide at least a 24-hour notice to an Aiken Physicians Alliance staff member when I am unable to attend a scheduled appointment. If I fail to comply, upon my 3rd “no show” occurrence, I understand that I will be terminated from the practice for a 3-year term.

Signature: _____

Date: _____

Time: _____