



\*Board Certified by the American Board of Foot and Ankle Surgery.

Dr. John M. Feild  
Dr. Joseph M. Dahlin

### NO SHOW/MISSED APPOINTMENT POLICY

We, at Grand Valley Foot and Ankle Center, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. However, if you are unable to keep your appointment, please call as soon as possible (with at least 24 hour notice). You can cancel/reschedule appointments by calling our office at: 970-245-3338.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality of care, it is imperative for each scheduled patient to attend their visit within 15 minutes of their appointment time. As a courtesy, an appointment reminder call to you is made one (1) business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment within 15 minutes of their scheduled appointment time.

#### PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 24 hour notice. There is a waiting list to see the clinicians at Grand Valley Foot and Ankle Center and whenever possible, we like to fill cancelled appointments to shorten the waiting period for our patients.
2. If less than a 24 hour cancellation is given (circumstances will be taken into consideration); this will be documented as a "No-Show/Missed" appointment.
3. After the first "No-Show/Missed" appointment; you will receive a first warning letter that you have broken this "No-Show/Missed" appointment policy.
4. If you have 2 "No-Show/Missed" appointments within a one (1) year time, you will receive a second warning letter from our office and will then be assessed a \$50.00 no show fee.
5. If you have 3 "No-Show/Missed" appointments within a one (1) year time, you will receive another \$50.00 no show fee with possible dismissal from our practice.

**\*You will be notified by letter if dismissal from the practice is approved.**

**\* If dismissal from the clinic is denied you will receive your final notice.**

I have read and understand Grand Valley Foot and Ankle Center's "No-Show/Missed" Appointment Policy and understand my responsibility to plan appointments accordingly and to notify our office appropriately if I have difficulty keeping my scheduled appointment.

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Responsible Party/Guardian if under 18yrs

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Grand Valley Foot and Ankle Center **Staff** Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Policy is Signed