



NO SHOW/MISSED APPOINTMENT & COPAY 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. 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: 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 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 Grand Valley Foot and Ankle 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, this will be documented as a "No-Show" appointment.
4. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office and will be assessed a \$50.00 no show fee.
5. If you have 3 "No-Show/Missed" appointments within a one-year time, you will receive a second \$50 no show fee assessment. Dismissal from the practice will be considered.
*You will be notified by letter if the dismissal was approved.
6. Excessive cancellations, with proper notice, will also result in a \$50.00 fee and possible dismissal.
7. New patients that "No Show" on their 1st appointment will not be re-scheduled
8. Copays are due at the time of service.
Copays not paid at the time of service will have a \$5.00 billing fee added to the invoice.
9. Returned Checks with Insufficient funds will be charged a fee of \$50.00 per bank fee received on our part.
10. Policies may be changed without prior notification to patients or prior consent.

I have read and understand Grand Valley Foot and Ankle Center's No Show/Missed Appointment and COPAY Policies and understand my responsibility to plan appointments accordingly and notify Grand Valley Foot and Ankle 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	