



ACHIEVE HEALTH

Patient Acknowledgement Appointment Cancellation Policy

Dear Patient,

Achieve Health has instituted an Appointment Cancellation Policy. A cancellation made with less than a 24-hour notice limits our ability to make an appointment available for another patient in need of care.

To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office with a 24-hour notice in the event you need to reschedule your appointment. This will allow our team the opportunity to provide care to another patient in need. We will allow a message left on the answering service as proper notice.
2. A “No-show”, “No Call” or missed appointment, without proper 24-hour notification, may be charged a cancellation fee of \$35.
3. This fee is not billable to your insurance.
4. If you are 15 or more minutes late for your appointment, the appointment may be canceled and rescheduled.
5. As a courtesy, we make reminder calls for appointments one to two days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the provider/patient relationship.
7. If there is a fee from a “No-show”, “No Call” or missed appointment, without proper 24-hour notification, this must be paid prior to being seen at your next appointment.

If you have further questions or concerns regarding this policy, please speak to our staff for clarification. A copy of this policy has been provided to you. Please sign and date below your acknowledgement to our policy.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended on a per case basis.

Printed Name of Patient

Signature of Patient

Date

MRN# _____