

Rainbow Medical Corporation
2020 No Show & Late Cancellation Policy

Dear Patient,

This is a reminder that as of January 1, 2020 we are continuing our current “No Show” and “Late Cancellation” Policy, to promote efficiency in our office.

We require that any appointment that is no longer needed or unable to be kept must be cancelled no less than 1 business day (24 hours) prior to the appointment. Friday cancellations for Tuesday appointments should occur by 5pm on the Friday before. If Monday is a holiday and your appointment falls on a Tuesday, cancellations should occur by 10am on the Friday before.

Failure to show up for an appointment is considered a “No Show”. Patients who cancel with less than 24 hours’ notice (1 business day) will be considered a “late cancellation” regardless of the reason for the cancellation. “No Shows” will be charged at a full office visit rate and “Late Cancellations” will be charged at half the price of an office visit. Patients with multiple no shows going forward may be asked to seek care elsewhere.

Due to the high demand, please understand that our appointment times are scheduled every thirty minutes. To allow us to take care of each individual patient's needs during the visit, please come prepared to your appointment with necessary documentation (MRI or Xray reports, labs, other doctor’s notes) if applicable . Since appointments are in high demand, we value advance notice from our patients who are unable to keep their scheduled appointments.

Additionally, all payments are due at time of the appointment. We accept checks, credit cards/ debit cards, and cash. Checks are to be made out to Rainbow Medical Corporation. We have the right to refuse service and prescriptions if payment is not made at the time of the appointment.

We appreciate your cooperation with this policy.

Please initial the following:

- 1) I agree to arrive 15 minutes prior to my appointment to fill out paperwork (unless completed at home prior to the appointment) _____ (*initial*)

- 2) Please be mindful that follow up appointments are only 30 minutes. Please be respectful of other patient’s appointments that may be scheduled that day and arrive on time and keep your appointments as concise as possible _____ (*initial*)

- 3) I agree to any penalties on late cancellations (under 24 hours) or no shows _____ (*initial*)

Patient: _____ **Date:** _____