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Doctors of Women

APPOINTMENT CANCELLATION AND NO-SHOW POLICY

Doctors of Women strives to provide our patients with quality, individualized medical care. Not attending appointments without notifying our office and late cancellations take appointment times away from patients who need urgent care. We would like to inform you of our policy regarding missed appointments.

Cancellation of an Appointment

To be respectful of the needs of other patients, please call promptly if you need to cancel or reschedule your appointment. **We require that you call 24 hours in advance to cancel or change an appointment.** Appointments are in high demand, and your early cancellation will give another person the possibility to receive medical care in a timely manner.

As a courtesy, our staff will call you at least 48 hours in advance to confirm your appointment. We will leave you a message if we are unable to reach you personally. If you are not able to keep your appointment at that time, we will be happy to reschedule it for you.

No-Show Policy

A No-Show is defined as a patient who is not present at the time of their scheduled appointment or who arrives more than 15 minutes late and has not provided adequate notification. We understand that emergencies may occur, however, when you do not call you are preventing another patient from getting much needed treatment.

Charge for Late Cancellations and No-Show Patients

Failure to give a 24-hour advance cancellation or not showing up for an appointment may result in a non-refundable administrative charge of \$40.00. This fee will not be covered by your insurance company. If you have questions regarding this policy, please ask our staff and we will be glad to clarify your questions. We thank you in advance for your cooperation and understanding.

I acknowledge that I have been presented with the Appointment Cancellation and No-Show Policy and that I understand and agree to follow this policy as long as I am a patient of Doctors of Women.

Signature

Date

Printed Name

Doctors of Women employee witness of signature

Date