



**Missed Appointments Procedure/Policy**

Lancaster Cancer Center	Policy Number: PAP-102-16
Subject: Missed Appointments	Effective Date: November 10, 2016
Approved By: Faith Sawyer, Practice Manager	Review Date: November 10, 2016 Revision Date: November 10, 2016

**Purpose:**

To preserve the physician/patient relationship, assist health care providers with patient compliance and accountability, educate the patient about the importance of keeping scheduled appointments and empower patients to participate in their own health care. To provide a mechanism for health care providers to notify the patient’s health insurance plan of members who do not show for scheduled appointments.

**Policy:**

To achieve high patient compliance with office visit appointments.

**Procedure:**

1. Patients will be informed of the practice policy regarding missed appointments and will be presented with the “Patient Missed Appointment Policy” document for review and signature. The patient will be provided with a copy of the document and the original will be kept with the patient’s medical record.
2. When a patient does not arrive for their scheduled appointment, a member of the office staff will attempt to reach the patient by telephone and will also send the patient a letter acknowledging the missed appointment. The letter will also reference the “Patient Missed Appointment Policy” document. A copy of the letter will be included in the patient’s medical record.
3. If the patient provides a reason why they did not arrive for their scheduled appointment, the reason will be documented in the medical record.
4. The patient’s health care provider will be made aware that the patient missed their scheduled appointment and may direct measures, other than those outlined in this policy, to reach the patient and have the patient reschedule.
5. Patients who have missed more than one scheduled appointment in a rolling twelve-month year, will have a fee of \$25 charged to their account for each additional missed appointment. This charge will neither be submitted nor paid by your insurance company. It is your responsibility. Patients with numerous missed appointments may receive an “At Risk” letter, or the practice may elect to terminate the relationship with the patient.

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**Signature of Patient, Power of Attorney**

**Date**

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**Witness**

**Date**