

NO-SHOW/MISSED APPOINTMENT POLICY

A courtesy automated confirmation call or text will be made/attempted 3 business days prior to your scheduled appointment. Once you confirm the scheduled appointment, there will be no further reminders for that scheduled appointment.

If you are more than **15 mins late**, your appointment may need to be rescheduled.

* **What is a MISSED APPOINTMENT?**

A minimum of 24- hour cancellation notice is required for ALL scheduled appointments. If less than 24 hours’ notice is given, the appointment is considered a **MISSED** appointment. Please call us at **207-874-1065** to cancel and reschedule**.**

* **What is a NO SHOW APPOINTMENT?**

If you do not call to cancel, and do not arrive at the office for your scheduled appointment, this will be considered a **NO SHOW** appointment.

* After the first **NO SHOW** or **MISSED APPOINTMENT**, staff will attempt a telephone call to you to offer to reschedule your appointment.
* After the second **NO SHOW** or **MISSED APPOINTMENT**, staff will again attempt a telephone call to offer to reschedule your appointment. A missed visit letter will also be mailed to the address on file.
* If you incur three **NO SHOWED** or **MISSED APPOINTMENTS** in a one-year period, you may face discharge from the practice.
* ***Please keep in mind, if you do not give 24-hour notice to cancel an appointment, you may be preventing another client from receiving care.***

I have read and understand Northeast Hearing and Speech **NO SHOW/MISSED APPOINTMENT** policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature or Parent/Guardian of Minor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (Printed) Patient DOB