



## CHC No-Show and Cancellation Policy

We are committed to delivering excellent patient-centered healthcare to all our patients. To support this commitment, we have implemented a Patient No-Show and Cancellation Policy at Compassion Health Care, Inc. When you schedule an appointment, that time is set aside specifically for you. Missing or canceling your appointment on short notice prevents us from offering that time to another patient.

### No-Show and Late Patients

A "no-show" occurs when a patient misses a scheduled appointment without providing prior notice or canceling at least 2 hours before the appointment time. If you do not attend your scheduled appointment, CHC will send a letter to the address we have on file, generated through our electronic medical records system (EMR).

After three consecutive no-shows, you may be discharged from receiving healthcare at CHC in accordance with our discharge policy. We recognize that a high no-show rate limits access to care for other patients. Therefore, to improve access and accommodate more patients, CHC aims to maintain a no-show rate of 20% or less. We evaluate the no-show rate monthly to identify trends and implement recommendations for improvement.

Late arrival is defined as arriving for your appointment more than half of your total appointment time late. For example, if you arrive more than 8 minutes late for a 15-minute appointment or more than 15 minutes late for a 30-minute appointment, you will be considered late. In such cases, our front desk staff will inform you that your appointment needs to be rescheduled.

We will offer you the next available appointment that is suitable for the type of care you need. Chronic follow-ups and physicals will be scheduled with your assigned primary care provider, while acute appointments may be scheduled with any appropriate provider.

In rare cases where the front desk staff suspects that your healthcare need is urgent and requires immediate attention, you will be asked to wait in the appropriate area, and you will be assessed by a nurse. This assessment will be documented in your medical record and reviewed by your primary care provider or another member of CHC's medical staff. The provider will decide whether you should be seen immediately or rescheduled, and this decision will also be documented in your medical record.

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I have read and understand the Patient No-Show and Cancellation Policy of CHC and I agree to the terms. I also understand that such terms may be amended periodically by CHC.

Patient's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_