

DERMATOLOGY CODING ALERT

CLIP & SAVE: Let Patients Know Your No-Show Policy Up Front With These Tools

Use a series of letters to explain the consequences of missed appointments

Make all of your patients aware of your financial policy, including charges for missed appointments. Use this sample written policy and the two sample letters below to get started on your office's own policy to ensure your practice isn't losing time and money.

Note: See the article "No-Show Charge Is a No-No Without Patient Notification" in the January 2006 issue of Medical Office Billing & Collections Alert for more about creating a no-show policy.

MISSED-APPOINTMENT POLICY

Purpose: To notify patients of a possible financial penalty for failure to cancel a scheduled appointment. Missed appointments have an impact on the physician's schedule and can also pose a health risk to the patient. When a patient does not show up for an appointment or cancels an appointment on short notice, we will make a note in his/her medical record.

Failure to give 24-hour notice of cancellation of an appointment or not showing up for an appointment can result in a charge of \$25 on your account. This charge cannot be billed to the insurance company and will be your responsibility. Failure to pay a no-show fee will be treated according to our policy on unpaid balances, with the exception of collection accounts.

Medical care will not be withheld for a medical emergency. Not showing up for three appointments can result in the patient being discharged from the practice, at the physician's discretion.

Notification: Patients may be warned that they have violated the policy by phone or in letter form.

SAMPLE WARNING FORM

Dear _____,

It has been noted in your chart that you have been unable to keep several scheduled appointments with our office. We ask you to show consideration by calling well in advance if you are unable to keep an appointment. We would like to have the option to offer that appointment to another patient who needs to see the doctor. Please let this letter serve to notify you that if you fail to give us a 24-hour notice of cancellation in the future, there will be a \$25 cancellation fee billed to your account that cannot be filed to your insurance. If you repeatedly miss appointments, we may be forced to dismiss you from our practice.

We are concerned that you may not be receiving proper medical care because of these missed appointments. Please call if you are still experiencing problems. We value you as a patient.

SAMPLE DISMISSAL FORM

Dear _____,

I feel that I have reached my maximum effort in treating you for your condition due to the numerous canceled

appointments and appointments that you have not shown or canceled. I am dismissing you as a patient of our medical practice.

We respectfully advise you that you need to seek the service of another physician. We will continue to see you on an emergency basis for 30 days from the date of this letter. Afterward, you will be officially dismissed from our practice. There are physicians listed in the local Yellow Pages under Physicians & Surgeons whom you can contact.

You may also wish to contact the local medical society at [insert phone number] to assist you with the selection of a new physician.

Editor's note: This sample dismissal letter was provided by **Don Self**, owner of Don Self & Associates Inc. in Whitehouse, Texas.