

Part B Insider (Multispecialty) Coding Alert

Clip And Save: Personalize This Template to Get Your No-Show Policy in Writing

Incorporate the no-show policy as part of your new patient financial packet.

When missed appointments become a habit and cost your practice time and money, it's time to get a commitment in writing from your patients that they understand they'll be liable for no-shows. Create your own letter using this sample to ensure your practice isn't letting patients take advantage of a lenient no-show policy.

If your patients continue to abuse the practice's policies, you may have to send them a warning letter. A sample warning letter is below.

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 \$25.00 on your account. This charge is non-covered by your insurance company and is your responsibility. Failure to pay a no-show fee will be treated the same as our policy on unpaid balances and subject to reporting to a collection agency if unpaid.

Medical care will not be withheld for a medical emergency. Not showing up for three appointments can result in the patient's discharge from the practice, per 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 missed at least two scheduled appointments with our office. We ask you to show consideration by notifying our office at least 24 hours 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.

This letter serves as notice that if you fail to give us a 24-hour notice of cancellation in the future, there will be a \$25.00 cancellation fee billed to your account and is non-covered by your insurance. You will bear complete financial responsibility for this fee. Repeatedly missed appointments may result in dismissal from our practice.

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