

## Eli's Rehab Report

### CLIP & SAVE ~ Let Patients Know Your No-Show Policy Up-Front With This Notice

#### Follow up with an appropriate warning letter

Use this sample written policy and the two sample letters below to get yourself started on your office's own policy to ensure your practice isn't losing time and money.

#### MISSED-APPOINTMENT POLICY

**Purpose:** To notify patients of a possible financial penalty for failure to cancel a scheduled appointment. Missed appointments impact the therapist'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 record.

Failure to give 24-hour notice of an appointment cancellation or not showing up for an appointment can result in a charge of \$25 on your account. This charge is noncovered 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.

Not showing up for three appointments can result in the patient's discharge from the practice, per the owner's discretion.

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

#### SAMPLE WARNING FORM

Dear \_\_\_\_\_,

Our records show 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 a therapist.

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 cancellation fee billed to your account, which is noncovered 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 rehabilitative care because of these missed appointments. Please call if you are still experiencing problems. We value you as a patient.

#### SAMPLE DISMISSAL FORM

Dear \_\_\_\_\_,

As a result of at least three or more missed appointments without prior notification, our practice is terminating you as a patient.

We respectfully advise that you seek the service of another therapy provider. We will be happy to provide a copy of your



record with a properly signed authorization to another provider of your choosing.

As of [fill in date], you will be officially dismissed from our practice. You may wish to consult with your insurance plan for participating providers or the local Yellow Pages under Physical Therapists to select a new provider.