



Appointments, Cancellation, No Show Policy Notice

APPOINTMENTS

Appointments may be scheduled by calling any of the main office at Main Office (512) 321-1098, Bastrop Sleep Lab (512) 303-4997, or Physical Therapy (512) 303-0007 during business hours Monday-Thursday 8 am to 5 pm and Friday 8 am to 12 pm. The nature of your illness or reason for the visit will be requested by one of our team members. The nature of request will help us serve your needs more efficiently by scheduling the physician's time accordingly. However, multiple or complex conditions may require additional or separate appointments.

Appointment Time

Arrive 15 Minutes Early for your appointment to complete any paperwork or additional information. Patients who are late for any appointment may be rescheduled at the physician's discretion.

Bring to Your Visit

Arrive with ALL of your Prescription Medications, Over-The-Counter Medicines, Vitamins, and Supplements to each office visit. These will enable your doctor to review your medications on each visit as to protect your health from any potential medication interactions.

CANCELLATIONS

If you are unable to keep an appointment, we request that you cancel at least 24 hours in advance. If Cancellation is needed on the day of your appointment, please contact the office as soon as possible so that another patient may be given your appointment time. Late Cancellation notices less than 24 hours are subject to a \$50.00 Cancellation Fee at the physician's discretion

NO SHOW / MISSED

We understand that occasional missed appointment without notice or No Show can occur for a variety of reasons. When you miss your appointment without prior cancellation or notice, someone else who could be seen in your place has been unnecessarily delayed.

Appointment Non-Compliant Tracking

No Shows and Cancellations are monitored and tracked for frequency for identification of potential lack of health commitment or Non-Compliant behavior. A "No Show/Late Cancellation" is defined as missing an appointment without notice at least 24 hours prior to the scheduled time. The \$50.00 charge for a missed or non-cancelled appointment will not be cover by your insurance. This fee is charge is in addition to any other charges you may have incurred.

Termination of Physician-Patient Relationship

Consecutives or Repeated Missed appointments may result in your physician sending a letter discharging you from their care. If the Physician-Patient Relation is terminated, your physician will offer 30 days of emergent care only to allow you to find a new physician. Our office will transfer your medical records only upon written notification by you or your new physician's office with an authorized release from you.

ACKNOWLEDGEMENT

Your signature acknowledges your notification of the Appointments, Cancellations, and No Show expectations and fees associated with these policies including the opportunity to ask any questions about the information.

Patient Signature _____

_____ Date _____