



## Caring Hearts Free Clinic of Patrick County

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Stuart, VA 24171

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### Appointment "No Show"/Cancellation Policy Effective 8/3/2017

To all Caring Hearts Free Clinic of Patrick County Patients:

Please read the policy concerning "no shows" and cancellations. Appointments at Caring Hearts Free Clinic and referrals from Caring Hearts to participating offices are limited to physician availability. It is important we make the best use of the time our generous volunteers are willing to give. For this reason, the Board of Directors has approved the following policy:

*A patient must call or otherwise notify Caring Hearts Free Clinic or the referral partner 24 hours BEFORE their scheduled appointment if they are unable to make the appointment. In the event the patient does not call or otherwise notify clinic staff, they will be considered a "no show."*

*Patients will be REQUIRED to bring \$10 cash to their next scheduled appointment or before any other clinic services are offered (this includes diabetic strips, medication refills, lab work, etc.). In the event the patient doesn't bring payment to the appointment, they will not be seen until payment is received. After the second "no show," the patient will be REQUIRED to bring \$25 cash to their next scheduled appointment or before any other clinic services are offered (this includes diabetic strips, medication refills, lab work, etc.) In the event the patient doesn't bring payment to the appointment, they will not be seen and therefore, the missed appointment will be counted as a third "no show." In the event the patient reaches three "no shows," they will not receive services from Caring Hearts Free Clinic for one year from the date of the last missed appointment (this includes diabetic strips, medications etc.) Patients with "no shows" will not be given a work in appointment. Patients will not be required to pay a fee after the one year suspension ends. They will be reinstated as an eligible patient pending that they meet clinic criteria.*

Please let us know if you have any questions related to this policy. We intend to enforce this policy to ensure fairness to all of our patients and volunteers. This policy applies not only to appointments at our clinic but also to appointments at our partners scheduled by Caring Hearts. It is important that patients keep their contact information up-to-date in order for the clinic to call with appointment reminders and other imperative information.

I, \_\_\_\_\_, have read and agree to abide by the Appointment "No Show"  
(Print Name)

and Cancellation Policy stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Type text]

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Board of Directors

Jane Carlson, Chair

Anita Prutting, Vice-Chair