



Katherine P. Weeks, MD
Family Medicine
Mon, Tues, Thurs and Fri
8:00am - 5:00pm
Wed 8:00am - Noon

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No-Show/Late Cancellation Policy

It is the policy of Blue Skies Family Medicine to monitor and manage appointment NO-SHOW and LATE CANCELLATIONS.

Our goal is to provide excellent care to each patient in a timely matter. If it is necessary to cancel an appointment, patients are required to call or leave a message at least 24-hours before their appointment. Notification allows the practice to better utilize appointments for other patients' in need of prompt medical care.

- **“NO-SHOW”** is defined as any patient who fails to arrive for a scheduled appointment without canceling the appointment more than 24-hours prior to the scheduled appointment time.

- **Established Patients**
 - A. Appointment must be cancelled at least 24-hours prior to the scheduled appointment time.
 - B. Blue Skies Family Medicine reserves the right to charge \$20.00 for any scheduled follow up visit that is canceled with less than 24-hour notice, or misses without calling to cancel (NO SHOW). This fee is the responsibility of the patient and cannot be submitted to their insurance (if trying to file)
 - C. Blue Skies Family Medicine will NOT schedule another appointment until the fee has been paid by the patient; the only exception would be in the event of a medical emergency.

- **New Patients**
 - A. Appointment must be canceled at least 24 hours prior to scheduled appointment time.
 - B. Blue Skies Family Medicine reserves the right to charge \$20.00 for any scheduled follow up visit that is canceled with less than 24-hour notice, or misses without calling to cancel (NO SHOW). This fee is the responsibility of the patient and cannot be submitted to their insurance (if trying to file)
 - C. Blue Skies Family Medicine will NOT schedule another appointment until the fee has been paid by the patient; the only exception would be in the event of a medical emergency.

- In the event the patient has incurred three (3) documented NO-SHOWS, and or late cancelations, the patient may be discharged from the practice.

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____