

At Eau Claire GI Associates, our goal is to provide quality gastroenterology care in a timely manner. We have implemented a missed appointment/no-show policy to help better utilize available appointments for our patients in need of care. The following policy is in regards to patients who fail to provide proper notification to cancel an office appointment. The impact of a missed appointment/no-show potentially jeopardizes the health of the "no-showing" patient, is unfair to other patients that would have taken the appointment slot and is disrespectful to the provider and clinic staff.

Definitions of a "Missed Appointment/No-Show"

- Canceling the office visit the same day
- Arriving late for the appointment and subsequently cannot be seen
- Failing to arrive for the appointment

Appointment Confirmation

Eau Claire GI will attempt to contact you **2 business days** before your scheduled appointment to confirm your visit. If we are unable to speak with you and have to leave a message, you will need to call the office to confirm the appointment.

Appointment Cancellation: Give at least 24 hours' notice

When you need to cancel or rebook a scheduled visit, we expect you to contact our office no later than 24 hours before your scheduled visit. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care, as well as giving us the opportunity to utilize the now vacant appointment with another patient.

To cancel, please call our office at (715) 552-7303 at any time with your name, appointment date and cancellation reason or request for rescheduling.

Consequences of "Missed Appointment/No-Show"

1. First occurrence: a letter will be sent to you indicating that you have missed your appointment.
2. Second/third occurrence: a letter will be sent and a \$25.00 fee may be charged to your account. These fees are NOT paid by insurance, and are therefore your sole responsibility to pay.
3. After 3 occurrences, you may be dismissed from the practice and would not be able to see our providers. However, emergency care/treatment would be offered within the first 30 days of dismissal.

Patient Acknowledgement:

I have read and understand the "Missed Appointment/No-show" policy as described above.

Patient Signature: _____ Date: _____

