

MURTHY GEDALA PLLC

MISSED, LATE AND CANCELLED PATIENT APPOINTMENT POLICY

We strive to provide our patients with exceptional medical care and we make every effort to accommodate our patients' scheduling needs. Patients who: (i) do not show up for scheduled appointments, (ii) arrive late for scheduled appointments, or (iii) cancel scheduled appointments without providing at least forty-eight hours advance notice, create inconvenience to other patients who need timely access to medical care. We would like to remind patients of our policy regarding missed, late and cancelled appointments.

If a patient is unable to keep his or her scheduled appointment, please notify us at least forty-eight hours in advance of the appointment by calling **(210) 876-3658**. Patients who do not reach a member of our staff should leave a detailed voicemail message on our answering machine or with our answering service and a member of our staff will promptly return each patient's call to reschedule his or her appointment.

No-Shows, Missed Appointments. A "no-show" is defined as a patient who fails to show up for a scheduled appointment without calling to cancel an appointment.

Late Cancellations. A patient is deemed to have cancelled late, if a patient cancels his or her appointment with less than **forty-eight hours** advance telephone notice.

Late to Appointments. A patient is deemed to have arrived late to his or her appointment if such patient has not arrived by the scheduled appointment time, **regardless of whether a patient calls in advance to notify us that he or she may be late.**

We reserve the right to discontinue providing care to patients who miss two or more appointments, or who cancel two or more appointments by providing less than **forty-eight hours** advance notice. We also reserve the right to discontinue providing care to patients who are late to three or more appointments. This policy is applicable to all of our patients, regardless of race, religion, color, sex, age, disability, national origin, sexual orientation, genetic makeup or any other basis or protected class covered by federal, state or local law.

A \$75 charge per instance will be assessed for missed or late appointment notifications.

Signature: _____ Date: _____

Patient Name (or responsible party) (Please Print): _____