



Appointment Compliance Policy

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement an appointment/cancellation policy. The policy enables us to utilize available appointments for our patients in need of medical care.

1. Confirmation Policy

All patients are to confirm their appointments within 48 hours of their appointment time. If you do not confirm, you will be removed from the schedule in order to provide accessible care for other patients. You will not be charged a no show fee (listed below).

2. Cancellation/No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. We will take into consideration in the event of an actual emergency, and no prior notice could be given. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to seemingly "full" appointment book.

A "no show" is someone who misses an appointment without canceling it within a 24-hour working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner. After the third consecutive no-show you may be released from the practice.

To cancel an appointment, please call our office between the hours of 8:00 am through 5:00 pm at (502) 368-3937 or Patient Portal (www.myeecarerecords.com) for Established Patients that made an account.

1. Tardy for appointments

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. If you are running late, please notify the office right away.

If a patient is 15 minutes past their scheduled time, we may have to reschedule your appointment.

The following are charges for No Shows/Cancellations:

No Show and Same Day Cancellations- \$25.00 rescheduling fee for the first missed appointment, \$75 for two consecutive missed appointments, and \$500 for three consecutive missed appointments.

If you or your child are a Medicaid member, you will be exempt from paying the rescheduling fee, however, if you miss two appointments in a three year period, you will be discharged from our care.

By Signing below you agree and understand the terms of this policy.

Patient Name: _____

Signature of Patient or Legal Guardian: _____