FREDERICKSBURG FAMILY CLINIC, PA
d/b/a/ CORNERSTONE CLINIC

200 W. WINDCREST ST., FREDERICKSBURG, TX 78624, 830.997.0330
815 FRONT ST., COMFORT, TX 78013, 830.995.5633

NO SHOW AND LATE ARRIVAL POLICY
EFFECTIVE JANUARY 01, 2015

Dear Patient,

In an effort to maximize the time the physician, nurse practitioner or the clinic's ancillary staff members spends with you and to minimize your wait time, we have made changes to our No-Show and Late Arrival Policies as follows:

No Show Policy

Effective January 01, 2015, we have implemented a ***"No-Show"*** policy which will affect all patients who do not keep their scheduled appointment or who cancel an appointment with less than 24-hour notice.

- First ***No Show*** – Patient/parent will be called to reschedule the missed appointment.
- Second ***No Show*** – Patient/parent will be sent a letter informing them that they have now missed two (2) appointments without notifying the office and a **$25.00** ***no show*** fee will be charged.
- Third ***No Show*** – Patient/parent will be sent a certified letter informing them that their account has been flagged as habitual ***no shows*** and that another ***no show*** may result in termination from the practice. Habitual ***no shows*** may also be reported to Medicaid and commercial insurance companies for non-compliance. A **$35.00** ***no show*** fee will be charged.
- Patients who ***No Show*** for a Physical/Well visit appointment will be charged **$50.00**.
- Patients who ***No Show*** for a Double appointment (two family members scheduled at the same time) may be restricted from scheduling double appointments in the future. A ***no show*** fee will be charged for each patient scheduled.

Call **830.997.0330** (Fredericksburg location) or **830.995.5633** (Comfort location) 8:00am – 5:00pm, Monday through Friday, to cancel appointment.

Late Arrival Policy

Patients arriving more than 15 minutes late for a scheduled well visit or other pre-scheduled appointment may be rescheduled for another day or worked in after the on-time scheduled patients are seen.

Patients arriving more than 15 minutes late for a same day sick appointment will be worked in and seen as soon as the schedule allows.

I have read and understand the above stated policy.

SIGNATURE X_____ _____ _____
Signature of Patient or Patient's Legally Authorized Representative | Patient Date of Birth | DATE

Printed Name of Patient or Patient's Legally Authorized Representative: _____

I understand this policy also applies to my dependents listed below. Specify your relationship to dependents
❒ Parent ❒ Guardian ❒_____

Dependent's Full Name:_____ Date of Birth_____

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Dependent's Full Name:_____ Date of Birth_____

Dependent's Full Name:_____ Date of Birth_____

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