

## The Urology Clinic

### APPOINTMENT, CANCELLATION AND NO-SHOW POLICY

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. In order for this to take place we have implemented an appointment, cancellation and no-show policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

#### Schedule Appointments

To schedule an appointment please call 423-926-6112. Any clerical staff member can provide you with an appointment.

We encourage you to call and schedule any appointment for our office including emergency visit, follow up, or nursing visit.

#### Cancellation Appointment

To cancel an appointment, please call 423-926-6112.

In order for each patient to receive the proper care we ask that you please be courteous and call the office promptly if you are unable to attend an appointment. This time will be reallocated to someone who has an urgent need of treatment.

**If it is necessary to cancel your scheduled appointment we require a minimum of 24 hours notice be given.** Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

#### Late Cancellations

Late cancellations will be considered as a “no show” appointment.

see No-Show Policy for information.

#### No-Show Policy

A “No Show” is someone who misses an appointment with our office without giving any notice. No-Shows inconvenience those patients who need access to medical care in a timely manner.

A No-Show appointment will be documented in the computer system and marked as a “no show.” The patient will be sent a card alerting them to the fact they have missed an appointment with our office. The patient’s referring physician will also receive a documented letter regarding the missed appointment. If a patient incurs 3 “No-Show/Missed” appointments within a one year time period, our staff will request permission from his/her physician to reschedule any other follow up appointments. The appointment history will also be reviewed by his/her physician for the purpose of a possible discharge from our practice. If this action takes place the patient will receive a letter of notice of discharge. The referring physician will also receive a copy of this letter.

#### Walk-In Appointment

We realize that illnesses and accidents occur unexpectedly. We will make every effort to provide medical care for those patients who have an urgent need. General exams, prescription renewals, and routine care are not appropriate to be seen as a walk in appointment and will be instructed to schedule a first available appointment with his/her physician.

#### Life-threatening Emergencies

Always call 911 immediately in case of a life-threatening emergency.

If the life-threatening emergency occurs here at our practice our staff will contact 911 immediately.

**I have read and understand The Urology Clinic’s Appointment, Cancellation and No-Show Policy. I understand my responsibility to plan appointments accordingly and notify the appropriate person if I need to cancel an appointment. I understand that if I should no-show appointments I could face being discharged from this practice.**

---

Signature of Patient or Guardian

---

Date

**Appointment, Cancellation and No-Show Policy**

**I have read and understand Johnson City Urological Clinic, P.C. Appointment, Cancellation and No-Show Policy. I understand my responsibility to plan appointments accordingly and notify the appropriate person if I need to cancel an appointment. I understand that if I should no-show appointments I could face being discharged from this practice.**

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**