

## Patient No-Show and Cancellation Policy

We strive to provide excellent medical care to our patients. In order to be consistent with this, we have a **Patient No-Show and Cancellation Policy** that we expect patients to adhere to. When an appointment is scheduled, that time has been reserved for you and when it is missed or cancelled on short notice, that time cannot be used to see another patient.

*Effective June 1, 2009, our policy is as follows:* **You may cancel your appointment anytime before 12 PM the day prior to the appointment with no consequence. We will reschedule the appointment for you and leave the time open for another patient to be seen. If you miss your appointment or cancel any time after 12 PM the day before, Western Washington Cardiology, reserves the right to bill you \$50.00 for each no-show and late cancellation.** This fee is the patient's responsibility and is not billable to insurance.

Additionally, if a patient is more than ten (10) minutes late to his/her appointment, we reserve the right to cancel the appointment and the cancellation fee will apply.

We do realize that on rare occasion emergencies may arise and we will address these situations with you at that time.

If you have any questions regarding this policy, please direct them to the practice administrator. We thank you for working with us to ensure that services are provided to all our patients in the best possible way.

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**I have read and understand the Patient No-Show and Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand that such terms may be amended periodically by the practice.**

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date