



## 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 have adopted for our clinic. 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. Failure to provide adequate notice of cancellation may result in a No-Show fee and/or restriction from scheduling future appointments.

Our policy is as follows: You may cancel your appointment before 5:00 pm on the business day before your scheduled appointment with no consequences. We will be happy to reschedule the appointment for you and leave the open time for another patient to be seen. If you miss your appointment or cancel on the day of your appointment, Western Washington Medical Group, Department of Nephrology reserves the right to bill you \$50.00 for each no-show or late cancellation. This fee is the patient's responsibility and is not billable to insurance.

We do realize that on rare occasions emergencies or circumstances may arise beyond your control. 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 Cancellation Policy of the practice and I agree to the terms. I also understand that such terms may be amended periodically by the practice.

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Print Patient Name

Date of Birth

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Signature of Patient

Date