Cancellation and No-Show Appointment Policy

Our physician practices firmly believe that the foundation of a good relationship between our patients and providers is good communication. We understand that situations arise in which you must cancel your appointment. It is requested that if you need to cancel your appointment please provide us at least 24-48 hours’ notice when possible. This will enable other patients who are waiting for an appointment to be scheduled in that appointment slot, which is not always feasible if less than 24 hours’ notice is given.

When you do not cancel and do not arrive (or no show) for your appointment it jeopardizes your health. In order to be respectful of the medical needs of other patients, please be courteous and call promptly if you are unable to keep an appointment. This time will be reallocated to someone who is in need of treatment. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

You will receive a confirmation phone call and/or text message/email reminding you of your appointment 2 days in advance of your scheduled appointment. If you cannot keep this appointment please call and cancel and you can reschedule at that time.

Consequence of cancellations and no shows

If you miss more than 4 appointments from any Washington Physician Practice within a year you may be dismissed from the practice.

Patient dismissal is at the discretion of your medical provider

If you are dismissed from any Washington Physician Practice office ** your remaining scheduled appointments will be cancelled and emergency care will be provided to you for 30 days.

You may reapply after 6 months after your dismissal to be considered to be cared for by your provider again. Repeated offenses will not be eligible for consideration.

I have read and understand the Washington Health System, Washington Physicians Group Cancellation/No Show Policy.

__________________________________________  _______________________  ________________
Patient Name                              Patient Date of Birth     Date/ Time

__________________________  ___________________  ______________________
Guarantor Signature            Date/ Time

Washington Health System Behavioral Health   Washington Health System Cardiovascular Care   Washington Health System Nephrology   Washington Health System Orthopedics and Sports Medicine   Washington Health System Foot and Ankle Specialists   Washington Health System Infectious Disease
Washington Health System Pulmonology and Thoracic Surgery

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