

NO SHOW/MISSED APPOINTMENT POLICY

We, at Siouxland Urology Associates, P.C., understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice). You can cancel appointments by calling the following number: 605-217-7000

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. As a courtesy, an appointment reminder call to you is made/attempted two business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 24 hours' notice: We can then fill the appointment with another patient who is waiting to be seen.
2. If less than a 24-hour cancellation is given this will be documented as a "No-Show" appointment.
3. If you do not cancel your appointment within 24 hours' notice and if you do not show up at the office for your appointment at the scheduled time and place, this will be documented as a "No Show" appointment.
4. After the first "No-Show/Missed" appointment, you will receive letter notice that you have broken our "No-Show" policy. Siouxland Urology Associates will assist you to reschedule this appointment, if needed, by you calling 605-217-7000.
5. If you have 2 "No-Show/Missed" appointments within a one-year time period, you will receive a letter from our office and will be assessed a \$25.00 no show fee.
6. If you have 3 "No-Show/Missed" appointments within a one-year time, you will receive a second \$25.00 no show fee assessment. Dismissal from the practice will be considered.
7. ***You will be notified by letter if the dismissal was approved.**
8. It is your responsibility to pay the fees that will be incurred after the first "No-Show". Your insurance company does not reimburse for no shows. If you have concerns about this fee or your ability to pay, please consult with your provider. You must make your payment for missed appointments, before your next appointment. Parents/guardians are responsible for charges incurred by their minor child. This fee will not be applied towards your bill.

I have read and understand Siouxland Urology's No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Siouxland Urology Associates appropriately regarding keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient