

## **INTERNAL OFFICE POLICY: APPOINTMENT CANCELLATIONS**

**Effective Date:** 01/01/2026 **Subject:** Scheduling Integrity & Patient Access

**1. Policy Statement** To ensure all patients have timely access to care, Belred Family Medicine PLLC dba Advanced Family Medicine PLLC requires at least **24 hours' notice** for all cancellations. This allows us to offer the appointment slot to another patient who needs urgent medical attention.

### **2. Definitions**

- **"Late Cancellation"**: Canceling an appointment with less than 24 hours' notice (e.g., canceling at 4:00 PM for a 9:00 AM appointment the next day).
- **"No-Show"**: Failing to arrive for a scheduled appointment without any prior notice.
- **"Arrival Buffer"**: Patients arriving more than **15 minutes** late may be asked to reschedule and will be marked as a "No-Show" at the provider's discretion.

### **3. Fee Structure**

- **Standard Fee**: A fee of **\$60.00** will be charged for any No-Show or Late Cancellation.
- **Procedure/Extended Visit Fee**: A fee of **\$75.00** applies to longer slots (e.g., physicals, minor surgeries, pap smears).
- **Insurance Disclaimer**: These fees are **not** covered by insurance. The patient is personally responsible for payment.

### **4. Legal Compliance Exceptions (WA State)**

- **Apple Health (Medicaid)**: Per **WAC 182-502-0160**, patients with Washington Apple Health (Medicaid) **cannot** be financially charged for missed appointments.
  - *Consequence for Medicaid Patients*: While we cannot charge a fee, three (3) documented no-shows within a 12-month period may result in **discharge from the practice** for non-compliance with the patient care agreement.
- **Medicare**: Medicare patients will be charged the standard fee, as CMS allows no-show fees provided the policy applies equally to all patients.

### **5. The "Three-Strike" Rule**

- **1st Offense**: Fee charged (or waived as a one-time courtesy). Staff provides verbal education.
- **2nd Offense**: Fee charged automatically. Warning letter sent.
- **3rd Offense**: Fee charged. The patient's chart is reviewed by the Medical Director for potential **dismissal from the practice** due to breakdown of the physician-patient relationship

**Acknowledgement: APPOINTMENT CANCELLATION AGREEMENT**

At Belred Family Medicine PLLC dba Advanced Family Medicine PLLC, our goal is to provide quality care to all patients in a timely manner. When you schedule an appointment, that time is strictly dedicated to you. "No-shows" and last-minute cancellations prevent other patients from getting the care they need.

**Our Policy:**

1. **24-Hour Notice Required:** You must cancel or reschedule at least **24 hours** before your appointment time. (Example: If your appointment is at 2:00 PM on Tuesday, you must call by 2:00 PM on Monday).
2. **Weekend Policy:** For appointments on Mondays, notice must be given by **Time, e.g., 12:00 PM** on the preceding Friday.
3. **Fees:**
  - o **Standard Appointment: \$60.00**
  - o **Procedure / Physical: \$75.00**
  - o *This fee must be paid before your next appointment can be scheduled.*

**Insurance Note:** Insurance companies (including Medicare) do not pay for missed appointments. You are responsible for this fee.

**Repeated Missed Appointments:** We understand emergencies happen. However, three (3) missed appointments in a 12-month period may result in dismissal from our practice so we can serve patients who are able to keep their appointments.

**Acknowledgement:** I certify that I have read and understand the Cancellation Policy. I agree to pay the fees outlined above if I fail to give proper notice.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address/PH:** \_\_\_\_\_