



ORCA NO SHOW POLICY

We at Orthopaedic Research Clinic of Alaska thank you for entrusting us with your care. We strive to provide exceptional personalized orthopedic care for you and your entire family. In efforts to remain consistent, we have updated our No Show/Cancellation Policy. When scheduling an appointment, we strive to set aside a proper amount of time to provide you with the highest quality of care. Should you need to cancel or reschedule your appointment, we ask you please contact our office at least **24 hours** prior to your scheduled appointment. This allows us time to move up or schedule patients who may be waiting for an appointment.

Within 12 month period:

1. If you are unable to keep an appointment, or if you are feeling better and decide that the appointment is unnecessary, please contact our office **at least 24 hours** before your scheduled appointment time.
2. If you are attempting to contact our office outside of normal clinic hours, please leave a message with our answering service.
3. If you are to be more than 15 minutes late, we ask that you call in to reschedule your appointment.
4. If you do not call to cancel your appointment, do not show up to your appointment, or arrive 15 minutes after the scheduled appointment time this will be documented as a "NO SHOW" appointment.
 - 1st No Show: Patient will receive a letter acknowledging your missed appointment.
 - 2nd No Show: Patient will be billed for a **\$30.00 No Show fee**.
 - 3rd No Show: Patient will receive discharge letter stating that no future appointment will be scheduled.

We understand that rare occasions or unforeseen emergencies and circumstances may arise beyond your control. In that case, we ask that you contact our office as soon as you are able to speak to a member of our staff. We may be able to dismiss the No Show. If you have any questions regarding these policies we ask that you direct them to the Administrator. Thank you for working with us to ensure we provide the best service possible to all our patients.

I have read and understand Orthopedic Research Clinic of Alaska's No Show Policy and I agree to the terms. I also understand that in the event of a No Show/Short Notice cancellation, I will be billed \$30.00.

Patient Name (printed)

Signature of Patient or Responsible Party

Date