

### **No Show Fee Policy**

Our goal is to provide quality care in a timely manner. All clinics in the Northwest Hospital Ambulatory Network schedules appointments in order to provide each patient with the individual attention you deserve.

#### **Cancellation of an Appointment**

We urge you to keep your scheduled appointments whenever possible. In the event you need to cancel, please contact the clinic by phone and provide at least 24 hour notice. Your early cancellation allows us to offer your appointment time to another patient needing medical care.

#### **No Show Policy**

A “no show” is someone who misses an appointment without cancelling it in advance. We may charge a \$50 fee to patients who do not arrive for their scheduled appointment. Patients who no show 3 times in a 12 month period may be dismissed from the clinic.

#### No Show Fee Policy Acknowledgement

By signing below, I acknowledge that I have reviewed the No Show Fee Policy. I agree to pay UW Medicine / Northwest Hospital Physicians a fee of \$50 in the event I am unable to make an appointment and do not notify the clinic in advance.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date