

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: Appointment No Shows	Policy #: 5.11
Prepared by:	Revision #: 1
Approved by: Board of Directors	Effective Date: 7/24/2015

5.11 Appointment No Shows

To ensure continuity of care for the successful management of patient conditions during the times of excessive missed appointments by patients.

PROCESS/PROCEDURE:

For both continuity of care and medico-legal reasons, it is the provider's responsibility to ensure that appropriate measures are taken to inform the patient of the importance of proper follow-up care.

When a patient does not come in for an appointment and does not call to reschedule, the electronic chart is flagged automatically four hours after the appointment time as a no-show. The provider, or his or her designee, with whom the appointment was scheduled shall review the chart and choose the appropriate course of action from the following:

1. No action is necessary.
2. Call to check on the patient and reschedule the appointment.
3. Send a "no-show" letter to the patient (see attached letter.) The provider must specify if the letter should be sent via regular or certified mail.

When a patient has failed to keep or to reschedule three appointments, we will no longer schedule appointments for the patient. The patient will be sent the letter and will not be allowed to be seen for six (6) months. If the patient consistently misses appointments, a decision may be made by the Clinical Provider and Executive Director to discharge the patient.

Implementation:

It is the responsibility of all employees/contractors to read and acknowledge their obligations under this policy.

Date

Patient Name

Patient Address

Dear (Patient Name):

You have failed to keep three scheduled office visits, within the last 12 months. During the last 12 months you have missed appointment on <MissDate1>; <MissDate2>; and <MissDate3>, without calling to cancel those appointments. In light of this we can no longer continue to assume responsibility as your caregiver. Therefore, effective 31 days from the date of this letter, we will consider the caregiver patient relationship suspended for six (6) months. We hope that will give you time to better track your appointments.

We will continue to provide routine medical care for fifteen days from the date of this letter, and we will provide emergency care for thirty days from the date of this letter. We strongly recommend that you continue to receive healthcare and that you contact the state medical association for a referral if you do not have a clinician in mind.

Our office will send copies of our medical records regarding the care we have provided for you to another physician or health care organization once we receive a written request from you to do so.

Executive Director/CEO

Chief Medical Officer

cc: File