



Medical Appointment Cancellation Policy

Dear Patient,

We strive to provide excellent medical care to you, your family, and all of our patients. In order to do so effectively and efficiently, we have developed an appointment system that sets aside ample time for each patient. Making your appointment as scheduled is very important, not just for us, but to provide you with the best care possible. While we are not fond of the negative connotation of any cancellation policy, we believe such a policy is important to accommodate all of our patients who are dedicated to receiving medical care.

Our policy terms are as follows:

1. We request that you give the office 24-hour notice in the event you need to reschedule your appointment.
2. If you miss an appointment without contacting the office, this is considered a missed appointment or a “no-show”. A \$25 fee will be charged to you. This fee cannot be billed to your insurance company and will be your direct responsibility. If you do not show to an appointment without prior notice three times, you will be dismissed from our practice.
3. If you are running late to an appointment, please contact the office at (270) 215-2601 to notify the staff. We will do our best to see you as soon as possible, though the office visit may need to be shortened in length or rescheduled. Patients arriving more than 15 minutes late after their scheduled appointment time may be asked to reschedule.
4. The office is able to send reminder notifications through standard text messaging for patients. If you are registered with a text messaging phone number in our system, you will receive an appointment reminder within 48 hours of your schedule appointment time. It is ultimately the patient’s responsibility to remember their scheduled appointments.

We thank you for trusting Lung and Chest, PSC with your medical care.

I have read and understand the Medical Appointment Cancellation Policy and agree to the terms of this policy.

Patient Name: _____ **Date of Birth:** _____

Signature of Patient or Guardian: _____ **Date:** _____