



Cancellation/No Show Policy

We, at ALAMO DIABETES AND ENDOCRINOLOGY (ADE), understand that sometimes you need to cancel or reschedule your appointment and there are emergencies. If you are unable to keep your appointment, please notify us as soon as possible.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted 1-2 business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

No-Shows/Missed Appointments. A “no-show” is defined as a patient who fails to show up for a scheduled appointment without calling to cancel an appointment.

Late Cancellations. A patient is deemed to have cancelled late if a patient cancels his or her appointment with less than **twenty-four** hours’ advance telephone or email notice.

Late Appointments. A patient is deemed to have arrived late to his or her appointment if such patient has not arrived by the scheduled appointment time, **regardless of whether a patient calls in advance to notify us that he or she may be late.**

We will charge a \$75 fee for the patients who NO SHOW or LATE CANCELLATIONS for a NEW PATIENT APPOINTMENT.

We will charge a \$25 fee for NO SHOW OR LATE CANCELLATIONS OF FOLLWUP APPOINTMENTS.

We reserve the right to discontinue providing care or to patients who miss **two** or more appointments or who cancel **two** or more appointments late by providing less than **twenty-four** hours’ advance notice. We also reserve the right to discontinue providing care to patients who are late to **three** or more appointments. This policy is applicable to all our patients, regardless of race, religion, color, sex, age, disability, national origin, sexual orientation, genetic makeup or any other basis or protected class covered by federal, state, or local law.

Patient Name or Parent/Legal Guardian

Patient Name or Parent/Legal Guardian Signature

Date