



## **LATE ARRIVALS CANCELLATIONS MISSED APPOINTMENTS**

In order to provide timely and high-quality care for all of our patients, WindRose Health Network has adopted the following policies regarding late arrivals, cancellations and/or missed appointments.

### **LATE APPOINTMENTS**

If you arrive late for your appointment, you may be asked to reschedule. Whenever possible, WindRose Health Network does its best to work late arrivals into the schedule. However, there is no guarantee that you can be seen that day. The best way to avoid this inconvenience is to arrive 10-15 minutes early for your appointment.

### **CANCELLATIONS**

We understand that sometimes emergencies or other situations may arise which will prevent you from keeping your appointment. If this occurs, please notify the office at least **TWO HOURS** in advance of your appointment. By giving us this courtesy, you will allow another patient to be seen in your place.

### **MISSED APPOINTMENTS**

Missed appointments are a loss for everyone. WindRose Health Network strives to offer the earliest and most convenient appointments to our patients. Missed appointments disrupt this process and prevent us from providing care to our patients. As a result, WHN has adopted the following policies regarding missed appointments:

1 <sup>st</sup> Missed Appointment	Patient will receive a reminder letter.
2 <sup>nd</sup> Missed Appointment	Patient will receive a 2 <sup>nd</sup> reminder letter.
3 <sup>rd</sup> Missed Appointment	Patient will be restricted to same day appointments. You must call early the day you want to be seen. If there is an appointment available you will be scheduled for that day. This is instead of being discharged. Further missed appointments may result in being discharged from WindRose Health Network

We thank you for your consideration and cooperation in our efforts to better serve you. If you have any questions about these policies, please call the office.

***NOTE: If you have transportation problems, please call our office. We may be able to help you.***

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date