



Orthopedic Surgery & Sports Medicine

Annual No Show-Late Cancellation Policy Acknowledgement

Dear Patient,

We appreciate you choosing JMH Physician Network for your healthcare needs. This letter serves as an annual notice of our No-Show-Late Cancel policy.

A friendly reminder that all JMH Physician practices have a strict No-Show-Late Cancel Policy in order to provide the best care possible for all our patients. JMH policy states that patients must provide a 24-hour, advance notice to cancel or reschedule an appointment. Failure to be compliant with appointments may result in dismissal from our practice.

By following this policy, we are able to maintain the integrity of the physician's schedule and allow the allotted time necessary to provide the best care to you and other patients.

We appreciate your cooperation regarding this policy.

Sincerely,

JMH Orthopedic Surgery & Sports Medicine

Patient printed name: \_\_\_\_\_

\_\_\_\_\_ Date

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

Witness signature: \_\_\_\_\_

\_\_\_\_\_ Date