

*7094 East Main Street*

*Reynoldsburg, OH 43068*

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**No Show/Missed Appointment Policy**

We, at Metropolitan Family Care, Inc. (MFC), understand that sometimes there are emergencies and you may need to cancel or reschedule an appointment. If you are unable to keep your appointment, please notify us at least 24 hours in advance.

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 important for each schedule patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted 1 business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

**PLEASE REVIEW THE FOLLOWING POLICY:**

1. Please cancel your appointment with at least 24-hour notice. We have a lot of patients calling in for appointments and whenever possible, we like to fill canceled spaces to shorten the wait period for our patients.
2. If less than 24 hour cancellation is given this will be documented as a “No-Show” appointment.
3. If you do not present to the office for your appointment, this will be documented as a “No-Show” appointment.
4. After your “No-Show/Missed” appointments, MFC will remind you of our policy when you call/present to reschedule the missed appointment.
5. If you incur 3 “No-Show/Missed” appointments within a one year time period, you will receive a letter from our office of discharge from the practice. We will at the time offer 30 days of emergent care only and transfer your medical records when you have found a new physician.

I have read and understand Metropolitan Family Care’s **No-Show/Missed Policy** and understand my responsibility to plan appointments accordingly and notify MFC appropriately if I have difficulty fulfilling my scheduled appointments. I agree to all terms and understand if I violate this policy it may result in the termination of my doctor/patient relationship.

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| Patient Name | Date of Birth | Date |
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| Patient Signature or Parent/Guardian if a minor | Relationship to Patient |  |