



Patient No Show Agreement

Thank you for choosing Blue Ridge Medical Center for your health care needs. At our Center, you can expect caring professionals to provide you with the highest quality care.

Patients at our Center have rights and responsibilities. These lists are part of the registration packet, and are posted in various places in the building.

A very important patient responsibility is to keep your appointment, and to arrive on time. This helps us to give you good care and keeps access open for others in the community who also need to be seen.

Please take some time to read through the following statements and indicate that you understand them. If you have any questions, please ask at the front desk. We will be glad to explain further.

Thanks again!

1. I understand that if I no-show or cancel an appointment with a notice of less than one full business day, the appointment can only be rescheduled with provider approval. _____ Initial
2. I understand that if I have three no-show appointments within 24 months I will be notified that I will only be able to schedule same day appointments. Any additional missed appointment after this documented conversation occurs will result in discharge from the practice. _____ Initial
3. Pediatric no shows will be reviewed by the pediatric providers for further scheduling guidance. _____ Initial
4. I understand that I should arrive for an appointment at least 15 minutes before the scheduled time with my provider; and that if I arrive after my appointment time, the provider will decide whether I will need to reschedule. _____ Initial

Patient Name (Printed)

Date of Birth

Signature (Patient / Guardian)

Date