

No-Show, Late & Cancellation Policy  
Patient Information & Acknowledgement

We, at Community Outreach Medical Center (COMC), want to ensure that you have access to high-quality healthcare when you need it. To ensure optimal access to all COMC services and programs for all of our patients, please review the *No-Show, Late & Cancellation* policy information below, **initial, and sign as indicated**.

\_\_\_\_\_ Terminology: “No-Show” shall mean any patient who fails to arrive for a scheduled appointment without proper notification and/or any patient who cancels/reschedules an appointment less than twenty-four **(24)** hours before a scheduled appointment. “Late No-Show” shall mean any patient who arrives ten **(10)** minutes after a scheduled appointment time.

\_\_\_\_\_ Scheduled Appointments: As a courtesy, COMC will attempt to contact every patient via phone at minimum twenty-four **(24)** hours in advance of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. New patients are to arrive twenty **(20)** minutes before their scheduled appointment time. Established patients are to arrive ten **(10)** minutes before their scheduled appointment time. Patients arriving ten (10) minutes or more after their scheduled appointment time will be marked as *Late No-Show* and assessed a fee of **\$50.00**.

\_\_\_\_\_ Cancelling/Rescheduling Appointments: Requests for appointment cancellation and rescheduling must be received twenty-four **(24)** hours in advance of a scheduled appointment. Failure to notify COMC in advance, of the inability to keep an appointment, will be documented as a *No-Show* appointment. Patients will be charged **\$50.00**, per occurrence, due in full, before the patient is seen or scheduled for another appointment.

\_\_\_\_\_ Involuntary Discharge: Patients that accrue three (3) *No-Show or Late No-Show* appointments within a single calendar year (January-December) may be discharged from care at COMC. NV Medicaid patients who incur instances of *No-Show or Late No-Show* appointments may be reported to NV Medicaid as *non-adherent to care* and discharged from COMC.

By indication of my initials above and my signature below, I fully acknowledge, understand and agree to adhere to COMC’s *No-Show, Late & Cancellation Policy*.

\_\_\_\_\_  
*Patient Signature or Legal Representative* *Date*

*Legal Representative (Print):* \_\_\_\_\_ *Relationship:* \_\_\_\_\_