

**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 prior to a scheduled appointment. “Late” shall mean any patient who arrives fifteen (15) 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 and on time. New patients are to arrive thirty (30) minutes before their scheduled appointment time. Established patients are to arrive ten (10) minutes before their scheduled appointment time. Patients arriving fifteen (15) minutes or more after their scheduled appointment time will be rescheduled for a later date.

\_\_\_\_\_ **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 assessed a fee of \$20.00, per occurrence, due in full, prior to the patient being seen or scheduled for another appointment.

\_\_\_\_\_ **Involuntary Discharge:** Patients that accrue three (3) “No-Show” appointments within a single calendar year (January-December) are at risk of being discharged from care at COMC. NV Medicaid patients who incur instances of No-Show appointments or are frequently late to scheduled appointments are at risk of being 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: \_\_\_\_\_