



NO SHOW / MISSED APPOINTMENT POLICY

At Women's Imaging Specialists we understand that sometimes you need to cancel or reschedule your **DIAGNOSTIC MAMMOGRAM AND / OR DIAGNOSTIC ULTRASOUND** appointment and that there are emergencies. However, if you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice) to cancel or reschedule your appointment.

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 very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call/text to you is made/attempted at least 1 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 a 24 hours' notice.
2. If less than a 24-hour cancellation is given **OR** if you do not present to the office for your appointment, the appointment will be documented as a "No-Show" appointment.
3. After the first "No-Show/Missed" appointment, you will receive a phone call warning that you have broken our "No-Show" policy. At which time one of the WIS staff will assist you to reschedule this appointment if needed.
4. If you have TWO (2) "No-Show/Missed" appointments, you will again receive a call from our office. At which time you will be advised that in order to reschedule a 3rd time you will need to provide credit/debit card information should any further No-Shows occur.
5. **If you have THREE (3) "No-Show/Missed" appointments, your credit/debit card provided will be charged a \$50 no- show fee.**

I have read and understand Women's Imaging Specialists 'No Show/Missed Appointment Policy' and understand my responsibility to plan appointments accordingly and notify Women's Imaging Specialists appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient

Staff Signature

Date