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## Cancellation/No-Show Policy

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We value our patient/provider relations and will do everything we can to accommodate each patient. Communication and compliancy are not only very much appreciated but will enable us to help the patients to achieve positive outcomes.

Patients who are unable to keep their appointment are required to provide 24-hour notice of cancellation. To ensure availability of appointments to our patients, we have adopted a “no-show appointment” policy.

Patients who miss two appointments are subject to a record review by your health care provider. Your health care provider will determine if you can continue to be provided care in our practice.

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### Policy:

- **Patients must provide 24-hour notice for appointment cancellation**
- **Patients who fail to cancel their appointment without proper notice will have their appointment flagged as a no-show.**
- **Patients with a no-show will be charged a fee of \$50 per missed appointment.**
- **Patients with two no-shows may be discharged from the practice.** However, documented extenuating circumstances will be taken into consideration.
- The Practice will assist our patients in keeping appointments by utilizing various reminder systems which include staff reminder calls to patients, appointment cards, etc. It is the patient’s responsibility to keep contact information updated to ensure delivery of the reminders.
- In the event the health care provider decides to discharge the patient, the practice will send a letter of discharge via certified mail to the patient. Documentation will be made in the demographic screen in the computer system and the office manager will be made aware of the discharge. The practice will continue to provide care up to 30 days to permit the patient to make alternative healthcare arrangements. A copy of the discharge letter will be scanned/filed in the patient’s record.

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I have read and understand the Cancellation/No-Show Policy at Community Therapeutix. I acknowledge that I will be responsible for a \$50 No-Show fee if I no-show or fail to cancel within the allowed time for my scheduled appointment.

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Print Name

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Signature

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Date

***\*\*If you would like a copy of this policy to keep, please ask the front desk\*\****