**Medical Appointment Cancellation/No Show/Late Policy**

Thank you for trusting your medical care to Performance Injury Care & Sports Medicine, Inc., (PICSM). We set aside enough time with your practitioner to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible. Please give us at least 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

* Effective July 1, 2018 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24-hour notice or shows up 10 minutes past your scheduled time will be considered a **NO SHOW**.

* **NO SHOW** appointments will have a fee of **$50.00** applied to your account.
* Any established patient who No Shows or fails to cancel/reschedule/late for an appointment without a 24-hour notice for the **second** time will be charged a **$75.00** fee.
* If a **third** **NO SHOW** or cancellation/reschedule with no 24-hour notice should occur, the patient may be dismissed from Performance Injury Care and Sports Medicine.
* Any new patient who fails to show for their initial visit may not be rescheduled. You may be assessed a **$50.00** no show fee, which must be paid in full before rescheduling.
* The fee is charged to the patient, not the insurance company, and is due at the time of next visit. This will be a 12-month rolling period.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our office at (406)422-5817 as we may waive the No Show Fee. As a courtesy we send reminders, in the form of email, texts and phone calls. Our office is open Monday-Friday 8am-5pm.

I have read and understand the Medical Appointment Cancellation/No Show Policy/late and agree to its terms.

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Signature (Parent/Legal Guardian) Relationship to Patient

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Print Name Date

*Revised 3/2022 cks*