

Gentle Care Health Center
Ellen C. Spinner, CNP
15 North Main Street
Mechanicsburg, Ohio 43044

“No-Show Policy”

In order to continue to offer the best care possible for all of our patients, we have implemented a “No-Show Policy” for our office.

A “No-Show” is defined as any scheduled appointment that a patient did not attend and did not call to cancel prior to the appointment time.

“No Show” appointments are an inefficient use of office time, and they potentially rob other patients who were in need of an appointment.

FOR MEDICAID/MEDICAID HMO PATIENTS

1st “No-Show”- We will offer grace and there will be no charge.

2nd “No-Show”- A second no show will result in a **dismissal from the practice**. At that time you will be mailed a letter and given an opportunity to have your records transferred to another care facility.

FOR SELF PAY AND PRIVATE INSURANCE

1st “No-Show”- We will offer grace and there will be no charge.

2nd “No-Show”- There will be a \$25.00 fee, which must be paid before your next appointment can be scheduled.

Please sign and date below indicating that you have read and understand the changes in the no show policy.

Signature

Date

Acknowledgement of Receipt of Notice of Privacy Practices

Patient's Printed Name: _____

Signature: _____ Date: _____

If patient is under 18 years of age or unable to sign, please complete below:

Patient's Personal Representative _____

Relationship: _____ Date: _____

For office personnel only:

I have made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable to, for the following reason:

- Language Barrier
- Patient Cannot Read
- Patient Objects
- Read Later and Return
- Unable to Sign
- Other: _____

Employee Signature: _____ Date: _____