



## Premiere General Medicine SC

911 N. Elm, Ste. 328, Hinsdale IL 60521

7270 W. College Dr., Ste. 102, Palos Heights IL 60463

Ph: (708) 603-5980 Fax: (708) 589-9059

www.PremiereGeneralMedicine.com

Nicholas Rizzo, MD, JD, FACP

Matthew Toman, MSN, FNP-C

Kristin Doyle, MSN, NP-C, CCRN

Phyllis Glazer, MA, LCPC

Janice Sabatini, LMT, MMP

## Missed Appointment Policy

Welcome to Premiere General Medicine SC. We are very pleased to have you as a patient and we will undertake your treatment with us with diligence and care. In order to serve you well, we will need to develop a working relationship with you that requires your attendance at all scheduled appointments. Your attendance at the scheduled appointments will reflect your cooperation with our suggested plan of care. As such, we have the following policy in effect regarding your services with us:

**MISSED APPOINTMENTS:** In an effort to provide you with efficient service, please call and notify us at least 24 hours ahead of your scheduled time if you need to miss an appointment. We'll be happy to reschedule your appointment as soon as possible to continue your care effectively.

**PLEASE BE AWARE THAT PREMIERE GENERAL MEDICINE HAS A MISSED APPOINTMENT POLICY FOR SAME DAY CANCELLATION AND NO-SHOW APPOINTMENTS.**

Missed Appointment means:

- "Same Day Cancel" are appointments cancelled the same day of the appointment without emergent reason.
- "No-Show" are appointments that you failed to come for an appointment and did not call in advance to notify the clinic of your intended absence.

**DISCONTINUATION OF CARE DUE TO MISSED APPOINTMENTS:** If you have three (3) Missed Appointments within any twelve (12) month period, we may need to terminate your treatment with us as it is difficult to provide competent, effective care under these conditions. Should this occur, we will provide you a list of up to three (3) providers elsewhere for continued treatment, if you wish to pursue it. Our ultimate goal is to improve access to physician appointments for all patients. We hope that by reducing No-Show Appointments and Same Day Cancellation Appointments we can provide a greater level of service and access for you and other patients seeking care with our physicians. We thank you for your anticipated cooperation.

Your signature below indicates that you understand and agree to the above policies:

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_