

# Pinner Clinic, PA

*A Rich History of Medical Tradition Since 1915*

Carroll A. Pinner, III, MD   Benjamin C. Pinner, MD   Edwina Hallman, APRN   Catherine Thomas, APRN

## **Appointment No-Show Policy**

It is the policy of Pinner Clinic to monitor and manage appointment no-shows. This is necessary to ensure that we are able to provide timely access to our providers for all patients. Unutilized appointments due to no-shows delays necessary medical care for other patients.

Scheduled appointments must be cancelled or rescheduled at least 24 hours prior to the scheduled appointment time. Any patient who fails to arrive for a scheduled appointment without cancelling the appointment at least 24 hours prior to the scheduled time is considered a "No-Show."

After an established patient has three (3) no-show appointments, that patient and any person who is either a guarantor for, or guarantee of, the account in question may be discharged from our practice and asked to seek health care with another provider.

Patients seeking to establish care with Pinner Clinic ("new patients") who fail to cancel or reschedule their initial appointment at least 24 hours prior to the scheduled appointment are considered to be a "No Show" and will be denied entry to the practice.

A certified letter will be sent to your last known address notifying you that you are being dismissed from our practice. If you have a medical emergency within thirty days of the dates of the letter, one of our providers will be available for advice. After thirty days, you will no longer be seen at our practice by any provider. A copy of your medical records may be forwarded to your new doctor after a formal request is made.

## **Appointment No-Show Acknowledgement**

*Please do not sign this form unless you have read the Appointment No-Show Policy.*

Patient Acknowledgement: I, \_\_\_\_\_, have read, understand, and agree to Pinner Clinic, PA's Appointment No-Show Policy. I understand that Pinner Clinic, PA reserves the right to dismiss patients that fail to show to their appointments as listed above.

---

Patient/Guardian Signature

Date