

Advanced Internal Medicine of North Jersey LLC

Please refer to the guidelines below to learn more about our Missed Appointment policy:

- It is your responsibility to provide us with a working telephone number to allow us to communicate important information, such as laboratory results, and provide telephone reminders of scheduled appointments. Having a valid telephone number is truly important; please help us to maintain your records.
- Effective January 16, 2013, each missed appointment will be flagged and you will receive a notice that you have missed your appointment. In addition, your account will be assessed a missed appointment fee of \$35.00. Please note that the fee will not be billed to your insurance.
- Accounts that accumulate three missed appointment fees may be dismissed from the practice.
- Any cancellation not made at least 24 hours before the scheduled appointment is considered a missed appointment and subject to the terms above.
- If you arrive 20 minutes late for your scheduled appointment, without prior notification to our office, this may also be considered a “missed appointment”. Please remember that communicating with our office is critical to us providing you with quality health care.
- We understand that circumstances occur that do not allow you to keep your scheduled appointment. If this is the case, please call and discuss this with the office staff as soon as possible. We will waive the cancellation fee for this appointment as long as you do not have a history of cancellations. Our schedule fills up quickly, and this will allow other patients to fill those slots.

We realize that there are times that you may arrive for a scheduled appointment time and are not able to be seen promptly at your appointed time. Please know that we go out of our way to make certain that this does not happen, however due to patient emergencies or other unexpected incidents, our schedule may occasionally fall behind. If this is the case, we will make every attempt to let you know the status of our schedule.

Name of Patient _____

Signature of Patient _____

Date _____