



Cancellation and No Show Policy **Patient Form**

Dear Patient,

Thank you for choosing Boston Mountain as your Provider of Choice. We want to make you aware of our office policy regarding appointments. Please be aware that we try our hardest to be punctual and see our patients at their designated appointment time; therefore, if our patients are tardy it makes it difficult to accomplish this task. If you are running behind, we ask that you call us immediately, but we reserve the right to reschedule your appointment if you are more than 15 minutes late.

Also, if you need to cancel your appointment, please let us know as soon as possible, **preferably 24 hour notice** so that we can reschedule your appointment or offer your appointment to a another patient that is in need of receiving healthcare services. While we realize that sometimes cancelling an appointment is unavoidable, we take note of patients who habitually do not show up for their appointment or cancel without adequate notification. After 2 No Show appointments, you will be seen on a work in basis until you keep 2 consecutive appointments.

If you have any questions regarding this policy, please let us know by calling the number listed below.

Sincerely,

BMRHC Administration
(870) 448-5733

By signing, I understand and take responsibility of BMRHC's Cancellation and No Show Policy.

_____ Date: _____
Patient Signature