

RUSTAD DERMATOLOGY PC

Troy Rustad MD – Elliott Rustad MD

No Show, Cancellation, and Late Policy

Your appointment is important to us - it is a time we have reserved for you, during which multiple members of our practice have made a commitment to provide you with outstanding medical care. We believe in the value of following through on our commitments, and we would like to ask you for the same type of commitment.

We also believe in doing our best to stay on time. If you have a medical condition which requires extra time, be assured that we will take tire time to give you the care you need, and this may cause us to run behind for the patients after you. This unpredictability is an unavoidable challenge in healthcare. If you are late to your appointment, it also affects every patient after you. We therefore also ask for your help in delivering care in a timely manner.

No Shows And Cancellations

- A patient who does not keep a scheduled appointment, and does not notify us in advance, is considered a **"no show"**.
- A patient who cancels or reschedules an appointment with less than 24 hours prior notice is considered a **"cancellation"**.
- Three (3) or more no shows or cancellations within one (1) year will be considered **"habitual"**.

Late Appointments

- A patient arriving 30 minutes or more after their scheduled appointment is considered **"late"**.
- A patient arriving late will be asked to reschedule.
- Arriving late three (3) or more times within one (1) year will be considered **"habitual"**.

Dismissal

- A patient with habitual no shows, cancellations, or late appointments will be considered for dismissal from the practice.
- A patient who is dismissed from the practice will not be permitted to make future appointments.

We understand that emergencies, illness, weather conditions, and other unforeseeable situations may result in missed or late appointments. In such cases, please telephone our office as far in advance as possible so that your appointment time may be used by another patient.

I have read, understand, and agree to this policy.

Patient or Legal Guardian Signature

Date