ADVANCED INTERNAL MEDICINE PRACTICE

AIM for better health

Missed Appointment Agreement

Thank you for choosing Advanced Internal Medicine Practice LLC. for your primary care needs. We work hard to stay on schedule so that our valuable patients do not spend their time in our reception area waiting on an appointment. A scheduled appointment between our office and you as the patient is a commitment of time, time set aside to discuss your needs. When an appointment is missed or cancelled our time is permanently lost. We ask when you schedule an appointment you make every effort to keep that commitment. We do understand that emergencies do occur, and we take that into consideration if an appointment needs to be cancelled or rescheduled without a 24-hour notice. In order to provide the highest quality of services possible, we have established a missed appointment policy. Please review the policy below and sign that you have read and understood this agreement.

I as the Patient/ Guardian receiving services from Advanced Internal Medicine Practice LLC., agree to the following policy listed below:

- I am responsible for canceling or rescheduling my appointment no later than 24 hours prior to the appointment.
- I will be charged $25.00 for the first missed appointment, and $50.00 for every following missed appointment.
- If I reach 3 missed appointments in a 6-month period, and I wish to continue services with Advanced Internal Medicine Practice LLC. I may request a consult with my provider to discuss an agreement for further care.
- Advanced Internal Medicine Practice LLC. has a right to terminate my services due to noncompliance if I have 3 missed appointments within a 12- month period.
- Appointments due to severe illness, adverse weather conditions or any condition that reasonably prohibits me from canceling my appointment within the 24-hour window, will be taken into consideration. I must notify Advanced Internal Medicine Practice LLC., of such occurrence.

I have read and understood the Missed Appointment Policy for Advanced Internal Medical Practice.

Patient Printed Name: _____

Parent /Guardian Signature: _____ Date: _____

12915 Jones Maltsberger Rd., Suite 102
San Antonio, Texas 78247

Phone: (210) 245-7933
Fax: (210) 855-8033
www.aimprimarycaresa.com