

No show policy

MERIDIAN MEDICAL MASSAGE

NO CALL- NO SHOW APPOINTMENTS ARE STRICTLY ENFORCED HERE, AS THEY NEGATIVELY IMPACT OUR SMALL BUSINESS

DUE TO THE INCREASE IN NO SHOWS WE WANT TO KINDLY REMIND EVERYONE OF OUR POLICY HERE:

___ We schedule our appointments so that each patient receives the right amount of time to be seen by their provider. This is why it is very important that you keep your scheduled appointments with us and arrive on time.

___ As a courtesy, and to help patients remember their appointments Meridian Medical Massage sends text message reminders both 72 hours, and 24 hours prior to your appointment. To cancel or reschedule your appointments DO NOT text back the automated message as it does not get to us and will NOT be seen by our clinic.

___ If your schedule changes, you are feeling ill, or you have an emergency and will not be able to make your scheduled appointment please text or call as soon as possible. If you do not cancel or reschedule your appointment with at least 24 hours' notice, we may assess a \$90 per hour "no-show fee". This no-show fee is not reimbursable by your insurance company.

___ After three no-call- no show appointments our clinic may decide to terminate your treatment here, as we strive to fill our clinic with patients that respect us, our policies and that are serious about their treatment.

IF YOU ARE AN L&I PATIENT IS IT OUR LEGAL OBLIGATION TO REPORT ANY AND ALL NO SHOW/LATE CANCELED APPOINTMENTS TO YOUR CLAIM MANAGER. THIS WILL DIRECTLY IMPACT YOUR CLAIM STATUS AND COULD POTENTIALLY DEEM YOU A "NON-COMPLAINT" PATIENT AFTER MULTIPLE NO SHOW/LATE CANCELED APPOINTMENTS.

By signing this form, I am acknowledging that I understand the "no show policy" at Meridian Medical Massage and agree to provide my credit card information which may be charged the proper fee as listed above for any no-show of a scheduled appointment. I understand it is respectful, courteous and my responsibility to acknowledge the staff at Meridian Medical Massage with at least 24 hours' notice to be sure I am not charged a fee.

Credit Card Number: _____ Expiration Date: _____

CVC Code (three-digit code on card): _____

Patient Name: _____

Patient Signature: _____ Date Signed: _____

THANK YOU KINDLY FOR UNDERSTANDING IN THIS MANNER