



**Laura Johnson, NP, PC**

FAMILY PRACTICE NURSE PRACTITIONER

1619 NW Hawthorne Ave, Suite 204

Grants Pass, Oregon 97526

Office: (541) 916-8530 Fax: (541) 916-8533

## **PRIMARY CARE CANCELLATION AND NO-SHOW POLICY**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel, please give us a 24-hour notice. This will enable another patient who is waiting for an appointment to be scheduled in your slot.

Patients who do not show up for their scheduled appointment without 24-hour cancellation notice are considered a NO-SHOW and may be charged a \$25 NO-SHOW fee.

The NO-SHOW fees are the sole responsibility of the patient and must be paid in full before the patient can be seen again.

We understand special circumstances may arise and cause you to cancel with less than 24-hour notification. In this instance, the cancellation fee MAY be waived with management approval only.

We believe that a good Provider/patient relationship is based upon understanding and communication.

Please sign that you have read, understand and agree to our Cancellation and NO-SHOW Policy.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature or Patient Representative: \_\_\_\_\_