



NO SHOW POLICY

Thank you for trusting your medical care to Saco River Medical Group. When you schedule an appointment with Saco River Medical Group for Family practice or Pediatrics, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. As a courtesy, and to help patients remember their scheduled appointments, Saco River Medical Group, sends reminder phone calls 3 days in advance and sends text message and emails 72 hours in advance of the appointment time.

The SRMG No Show Policy is as follows:

For Established SRMG Patients (patients already seen by a SRMG primary care provider):

- If you do not attend your scheduled appointment or **cancel on the same day**, it is considered a **No Show**.
- Our team will attempt to contact you and reschedule the missed appointment.
- Your provider will be notified of the missed appointment. Keep in mind that many appointments are considered crucial to your care. No shows and last-minute cancellations negatively impact your medical care.
- If you No Show for 3 appointments in a 1 year period, with provider approval, you will be discharged from the SRMG primary care practice.

For New Patients Establishing Care with SRMG:

- If you do **not attend** your scheduled appointment or **cancel on the same day**, it is considered a **No Show**.
- We **do not** call to reschedule missed appointments for new patients
- Your name will be **returned to the waitlist**, and the next available patient will be offered the open slot. If you contact us after a missed appointment, you will be informed that you have been placed back on the waitlist for the next available opening.
- Please cancel or reschedule at least **24 hours in advance**. Same day **cancellations** are treated as **No-Show** and will result in your name being returned to the waitlist.

I have read and agreed to the above "NO SHOW" Policy.

SIGNED: _____ DATE: _____

PRINT NAME: _____

IF SIGNING FOR CHILD:

CHILDS NAME: _____