

No-Show Policy

The Physician's Weight Control & Wellness Center is dedicated to providing the highest quality care to our patients and we want to thank you for the privilege of being able to help you succeed in becoming a healthier you.

Recently we have been experiencing an increased number of patients who have either not shown up or called to cancel their appointment 24 hours before their appointment time. In an effort to correct this problem we have found it necessary to follow the lead of other doctor's offices and implement a No-Show Policy.

Read carefully. If you have questions about the guidelines of this Policy please ask before signing.

No-Show Defined: Failing to cancel your appointment by talking to someone on our staff, or calling and leaving a clear message (first and last name, date of birth, date and time of appointment) on our answering machine **at least 24 hours before your appointment time** to cancel your appointment will be considered a no-show. After hour cancellation messages may be left by calling 817-277-3469. All messages are recorded and kept. *Please do not send an email to info@drweightcontrol.com to cancel or change your appointment. This is not a monitored email address and corresponding through this address will result in a no-show charge.*

Showing up 15 minutes or more after your scheduled appointment time will be considered a no-show and will result in rescheduling. If you are stuck in traffic and trying to get to our office and find you will be a couple of minutes past the 15 minute deadline **PLEASE CALL OUR OFFICE IMMEDIATELY**. We will try to work with you to avoid a no-show for the day.

Our Policy: *If you miss your appointment without rescheduling at least 24 hours before the time of your appointment or if you are more than 15 minutes late you will be charged a \$25.00 no-show fee for that missed appointment. The fee will be due when you come in for your next appointment. (If you have two consecutive no-show appointments you will not be able to schedule another appointment without first paying \$50.00 for the two missed appointments.)*

We truly regret having to implement a policy such as this, but in fairness to our patients who need to make an appointment and could have been scheduled at the time of a no-show patient, we need to take actions necessary to see that our appointments are open and available for our patients. Thank you for understanding.

Physician's Weight Control and Wellness Center, Arlington Office

I have read and understand this No-Show Policy

Patients Name: _____ Date of Birth: _____

Date: _____

Yes, I would like to have a copy of this No-Show Policy _____

No, I do not need a copy of this No-Show Policy (if no, please initial on the line) _____

PWCWC reserves the right to make changes to our No-Show Policy at any time.
Should changes occur you will be notified and the new policy will be posted on our website.

Office Use Only

This no-show policy was reviewed with patient by _____
initial