



CANCELLATION AND MISSED APPOINTMENT POLICY

Our goal is to provide quality individualized medical care in a timely manner. “No-Shows” and late cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for patients in need of medical care.

Cancellation of an Appointment: In order to be respectful of the medical needs of other patients, please be courteous and call Newtown Internal Medicine promptly, if you are unable to keep your appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment: To cancel appointments, please call 215-750-7000. If you do not reach the receptionist, please leave a detailed message on our voicemail. If you would like to reschedule your appointment, please leave your phone number. We will return your call and give you the next available appointment time.

Late Cancellations: A late cancellation is considered when a patient cancels their scheduled appointment with less than a 24-hour advance notice.

No-Show Policy: A “no –show” is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a “no-show.”

- 1st late cancellation or no-show: **\$25** fee * / warning issued / sign policy
- 2nd late cancellation or no-show: **\$35** fee will be billed to your account, which must be paid before we can schedule another appointment for you
- 3rd late cancellation or no show: **\$50** fee will be billed to your account, which must be paid before we can schedule another appointment for you. Patients with more than 3 late cancellations or no-shows may be discharged from the practice.

*** CONCIERGE PATIENTS WILL RECEIVE ONE COURTESY RESCHEDULES EACH YEAR**

I, _____ certify that I have read, understand and agree to the above policy.
(Print Your Name)

Signature of Patient / Patient Representative / Legal Guardian

____/____/____
Today's Date

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