Patient Appointment Policy

Striving to Get You In, Out, Healthy and On Your Way

Section 1: Scheduling an Appointment

How to schedule an appointment: tell your patients all the ways they can schedule an appointment. Give them proper contact information and where to call if they need to change/cancel their appointment.

Here is where you let your patients know things like whether or not you allow walk-in appointments. Remind them that if there is an emergency they should call 911 for immediate assistance or go to an urgent care or hospital.

Section 2: Prior to Your Appointment

Do you allow patients to download paperwork to fill out at home and bring to their appointment? Let them know that here.

Remind patients to come on time to their appointments or, if possible, to come early. Tell them that you have a strict appointment policy to cut down on costs and frustration for everyone. As a result, you are usually able to take all patients on time and strive to do so, so they should be respectful of this policy and do their best to arrive on time.

Section 3: Day of Your Appointment

Remind patients that you ask for their respect when waiting for their appointment as well. Do you have a cell phone policy? Make sure it is posted somewhere clearly visible and written in your policy as well.

Explain to them how to call ahead if they will be running late or are unable to make the appointment entirely. Be specific about the cutoff for appointment cancelations. Is it 2 hours? 24 hours? 2 days? Let them know. Of course, be understanding in the event of an emergency or extenuating circumstance.

Section 4: Missed Appointments

Finally, outline in your appointment policy, the consequences for late arrivals, last minute cancellations and no-shows. Will your practice dismiss a patient or family for multiple no-shows? How many? Be clear here so you can go back to it and take action if necessary.

Are you ready to get started creating your own patient appointment policy? Click here to download our template ready for your use.

By signing below you acknowledge that you have read and accept the above policies and will adhere to them to the best of your ability aside from extenuating circumstances.

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(patient name printed) (patient signature) (date)

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(doctor or nurse name printed) (doctor or nurse signature) (date)