



497 W Lott Buffalo, WY 82834

JOHNSON COUNTY HEALTHCARE CENTER / FAMILY MEDICAL CENTER POLICIES AND PROCEDURES

APPOINTMENT POLICY

Our goal is to provide quality medical care in a timely manner. In order to do so, we ask that patients adhere to our cancelation and no-show policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

- Please arrive 15 minutes prior to your scheduled appointment.
- Bring your legal ID and insurance cards to each visit.

CANCELATION OF AN APPOINTMENT

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. We ask that you contact our office within **24 hours of your appointment** to cancel or reschedule.

LATE ARRIVALS

In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule.

NO SHOW

A 'no show' is an appointment that was not canceled in advance (minimum 24 hours in advance) or you did not arrive to your appointment.

Three or more no show appointments within one year may result in dismissal from a provider's practice, at their discretion.

DISMISSAL

Patients may be considered for dismissal from the Family Medical Center for exhibiting any of the following behaviors:

- Chronically missing appointments
- Refusing to cooperate with the physician, advanced practice provider, or any employee of the practice
- Repetitive noncompliance with treatment plans recommended by a provider
- Violating the Controlled Substance Agreement
- Displaying inappropriate, disrespectful or hostile behavior toward providers, staff or other patients
- Provider incompatibility

ACKNOWLEDGEMENT

My signature below indicates that I have read, understand and agree to the appointment policy above.

Printed Name of Patient, Responsible Party or Legal Representative

Date

Signature of Patient, Responsible Party or Legal Representative