

Nevada Health Centers, Inc.
NO-SHOW POLICY
PATIENT INFORMATION AND ACKNOWLEDGEMENT

Your providers want to make sure that you have access to high-quality care when you need it. To ensure maximum access to all Nevada Health Centers services (medical, dental, behavioral health) for all of our patients, please review the appointment policy information below, initial and sign as noted:

(Initials)_____ Scheduled Appointments: We will make every effort to remind you of your upcoming appointment by text, phone or e-mail; however, you are ultimately responsible for remembering your appointment date and time.

(Initials)_____ Canceling Appointments: If you cannot make your scheduled appointment, please call us at least 24 hours in advance to let us know so that we may offer your appointment to another patient.

(Initials)_____ Late Appointments: If you arrive late for your appointment, we may need to schedule you with another provider or for a virtual care appointment. However, if you arrive more than 10 minutes late and we are unable to accommodate you, it will be considered a Missed Appointment.

(Initials)_____ Missed Appointments: Because of the critical lack of access to healthcare services in our area, missed appointments are taken very seriously.

Medical Patients:

Medical Patients who miss three consecutive appointments will be placed on “no-show status” and will be seen on a walk-in basis only.

Behavioral Health Patients:

Behavioral health patients who miss three appointments within a 6-month period will be required to speak to respective clinical leadership to discuss your interest in continuing services.

Dental Patients:

Dental patients who miss three consecutive appointments will be required to speak to respective clinical leadership to discuss your interest in continuing services.

Obstetric Patients:

Obstetric patients are excluded from this no-show policy.

Please talk to any of our front desk staff if you have questions about our **No-Show Policy**.

To be completed by Patient or Parent/Guardian:

I understand and agree to this **No-Show Policy**.

Patient or Parent/Guardian Signature (for patients under 18)

Date

Witness Signature

Date