



PTARMIGAN  
CONNECTIONS

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### NO SHOW/MISSED APPOINTMENT POLICY



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We, at Ptarmigan Connections, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice). You can cancel or reschedule appointments by calling the following number: **907-357-4400**

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality of care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted one business day prior to your scheduled appointment. However, it is the responsibility of the parent/patient to arrive for their appointment on time.

#### **PLEASE REVIEW THE FOLLOWING POLICY:**

1. Please cancel your appointment with at least 1 week notice for neuropsychological evaluations and 24 hour notice for all other visits. There is a waiting list to see the clinicians at Ptarmigan Connections and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a one week notice for neuropsychological evaluations and a 24-hour cancellation for all other appointments is given, this will be documented as a "No-Show" appointment.
3. If you do not present to the office for your appointment, or are 10 minutes or more late to your appointment, this will be documented as a "No-Show" appointment. **\*Extenuating circumstances will be considered**
4. After the first "No-Show/Missed" appointment, you will receive a phone call to discuss the missed appointment and assist you with rescheduling if needed.
5. If you have three "No-Show/Missed" appointments within a one-year time, dismissal from the practice will be considered and discussed with you.

**I have read and understand** Ptarmigan Connections No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Ptarmigan Connections appropriately if I have difficulty keeping my scheduled appointments.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Patient Signature or Parent/Guardian if minor

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date