Dr. Marguerite Cote-Murphy

Missed Appointment Policy

For us to have an efficiently run practice, the appointment(s) we schedule are times set aside specifically for your care.

Your continued care is important to Dr. Cote, and should be important to you as well.

In order to maintain a high level of commitment to our patients, we require at least a 24-hour notification if you need to change or cancel your scheduled appointment. This courtesy makes it possible for us to reach out to another patient who may be waiting for an open appointment time.

Please refer to the guidelines below to learn more about our Missed appointment policy:

* It is your responsibility to know when you are scheduled with our practice however, we extend the courtesy of confirming your upcoming appointments with a phone call. This is done a minimum of 48 hours, in advance of your appointment. If we cannot reach you, we will leave a message asking you to call back and confirm your appointment. If we do not hear back from you, we will attempt to contact you again the day before your scheduled appointment.
* It is your responsibility to ensure we have your current phone number on file. If it changes in between your scheduled appointments, please reach out to us to update your information.
* If you arrive more than 10 minutes late to your appointment, without prior notification, it will be considered a missed appointment and we will have to reschedule you.
* We reserve the right to charge a $25 fee for any missed appointment with less than 24 hours advance notice. We understand that sometimes situations arise that prevent you from giving 24-hour notice, and those will be handled on an individual basis. However, repeat instances will not be acceptable.
* Repeated cancellations, or missed appointments, will result in the loss of future appointments and possible dismissal from the practice.
* I understand that should I miss a scheduled appointment; I will be subjected to a $25 fee that will be applied to my balance and is to be paid within a 30-day period.

I have read and understand the above Missed Appointment policy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_