

Cancellations and Missed Appointments

Our goal is to provide quality individualized medical care. “Late cancellations” and “No Shows” are barriers for individuals who need access to medical care in a timely manner. *We recognize that certain life events make it difficult to notify us of the need to cancel or reschedule an appointment.* If you must cancel an appointment, please follow the guidelines below.

Cancellation

In order to be respectful of the medical needs of other patients, please be courteous and notify the clinic when you are unable to show up for a scheduled appointment. We require that you notify the clinic 24 hours in advance. A late cancellation exists when notice to cancel does not occur 24 hours prior to the scheduled appointment time. This timely notification will allow another individual an opportunity to receive treatment.

*Failure to cancel a scheduled appointment in a timely manner will be recorded in the medical record.

How to Cancel Your Appointment

To cancel appointments, please call Memphis Lung Physicians Foundation at (901) 767-5864 for our Exeter, Atoka, and Collierville offices, and (662) 349-0488 for our Southaven office. If you do not reach the receptionist, you may leave a detailed message on our voicemail with a number where you can be reached. A clinic representative will contact you to schedule another appointment that better meets your needs.

If you have signed up for our web-based patient portal, MyChart, you may electronically cancel an appointment and/or request to reschedule.

Missed Appointment / No Show

A *no show* exists if you fail to appear for a scheduled appointment.

*Failure to appear for a scheduled appointment is recorded in the medical record.

- Each missed appointment/no show will be followed up by a clinic representative.
- Two missed appointments and/or late cancellations may result in \$25 fee.
- Three missed appointments and/or late cancellations may result in separation from the clinic.

*Please Note: Missed appointments are reviewed over a 12-month period.

I do hereby acknowledge that I have received and read the guidelines above and have had any portion of the guidelines which I do not understand explained to me.

Patient or Guardian Signature

Date