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No-Show Policy

The Physician's Weight Control & Wellness Center is dedicated to providing the highest quality care to our patients and we want to thank you for the privilege of being able to help you succeed in becoming a healthier you.

Recently we have been experiencing an increased number of patients who have either not shown up or called to cancel their appointment 24 hours before their appointment time. In an effort to correct this problem we have found it necessary to follow the lead of other doctor's offices and implement a No-Show Policy.

Read carefully. If you have questions about the guidelines of this Policy please ask before signing.

No-Show Defined: Failing to cancel your appointment by talking to someone on our staff, or calling and leaving a clear message (first and last name, date of birth, date and time of appointment) on our answering machine at least 24 hours before your appointment time to cancel your appointment will be considered a no-show. After hour cancelation messages may be left by calling 817-277-3469. All messages are recorded and kept.

Showing up 15 minutes or more after your scheduled appointment time will be considered a no-show and will result in rescheduling.

Our Policy: After accruing two (2) no-shows, you will need to pay a \$25 no-show fee at your next appointment. If you fail to show up for the appointment you are scheduled to pay your fee, you will be charged another \$25 for that 3rd missed appointment. You will not be allowed to make another appointment until your \$50 no-show fee is paid in full. For each no-show after the allowable two(2), you will be charged \$25 until the end of the year (December). In January of each year you will start over with an allowable two (2) no-shows before you are charged a fee.

We truly regret having to implement a policy such as this, but in fairness to our patients who need to make an appointment and could have been scheduled at the time of a no-show patient, we need to take actions necessary to see that our appointments are open and available for our patients. Thank you for understanding.

Physician's Weight Control and Wellness Centers, Arlington Office

I have read and understand the No-Show Policy

Patients Name: _____ Date of Birth: _____

Date: _____

No-Show Documentation:

Having read the above Policy and signing that you understand the guidelines, each no-show appointment will be documented in your chart and after two (2) occurrences during the calendar year (January - December) you will be notified by a copy of this signed Policy with the dates of the missed appointments documented below. Receiving a copy of this signed Policy in the mail will indicate that you have had two (2) no-show appointments and you will be charged a \$25.00 no-show fee due at your next appointment.

1st No-Show: Date: _____ Time: _____

2nd No-Show: Date: _____ Time: _____

Notification Date: _____ Mailed by: (Initial) _____