

***Community Health Services***  
**Fremont, OH 43420**

**Policy #1**

**Patient No Show and Termination Policy**

**Date Formulated:** 10/03

**Date Revised:** 10/07, 2/10

**Purpose:** To provide a mechanism to encourage patients to keep their appointments, and to notify patients of possible termination from the practice for those who consistently fail to keep appointments without providing adequate notice.

**Procedures:**

1. Cancellations will be entered in the computer and recorded on a cancellation log by the receptionist(s).
2. If a patient/guardian does not call, does not keep an appointment, or is more than 10 minutes late, the staff records missed appointment as a “DNKA” (Did Not Keep Appointment) in the patient chart and will be noted on the Community Health Services appointment listing.
3. Three “no shows” within a one (1) year period beginning from the date of the first no show will constitute cause for termination from Community Health Services. If terminated, the patient/guardian will be required to attend a one (1) hour No Show Reinstatement Class. The No Show Reinstatement Class will be offered on a bi-monthly basis. The termination will stand until the class is completed. Any and all appointments scheduled will be cancelled until completion of the No Show Reinstatement Class. Upon completion of the class, the patient will then be reinstated at Community Health Services. It is the patient’s responsibility after being reinstated to call and reschedule any appointments cancelled due to termination.
4. The receptionist(s) will forward copies of the appointment listing to the accounting department daily to enter the no show patients into the computer. Accounting will then forward the information to the Medical Secretary to prepare letters to be mailed to the patients according to the following guidelines:
  - a) Letters #1 and #2 will be sent by regular mail to notify patients of missed appointments and to remind patients that cancellations can be made 24 hours per day, but must be made prior to the appointment time. These letters will be signed and/or initialed by the provider that was scheduled to see that patient. An appeal form will be included with the letters which will give the patient 14 days from the postmark date to file an appeal. These letters will also inform the patient about the consequences of three missed appointments in a one (1) year period.

b) Letter #3 is a letter of termination informing the patient/guardian of the required reinstatement class that must be completed in order to be reinstated to the practice. The termination letter will be signed by the provider that was scheduled to see that patient. The patient will continue to receive care at CHS medical/dental office(s) for thirty days from the date of the letter. Included with the letter will be an appeal form which will give the patient 14 days from the postmark date to file an appeal. If the patient appeals the no show the patient will continue to receive care at CHS medical/dental office(s) during the appeal process.

The termination letter will be sent by both regular and certified mail. In addition to the appeal form, this letter will also include a copy of the reinstatement class schedule and a "Release of Records" form if the patient chooses to transfer to another facility.

- 5. After a patient returns the appeal form, the Patient Care Coordinator will facilitate the patient's appeal and bring the appeal before the Performance Improvement Committee for ruling. The patient will receive a response to the appeal within 45 days or when the appeal is resolved. If an appeal for a 3<sup>rd</sup> no show is denied the patient will be notified that the termination stands and they must attend the reinstatement class. If an appeal is approved the patient will be notified of the decision and the no show in question will be removed.
- 6. Any patient who no shows a new patient appointment will be considered a terminated patient and will not be able to reschedule another new patient appointment until the patient attends a no show class. The patient will also receive a "New Patient Notice" letter that has been signed by the provider that was scheduled to see that patient.
- 7. For the patient who has been terminated from CHS for a second time, the patient will be terminated for a three (3) month period and must meet with the CEO or his designee prior to reinstatement.

If a patient is terminated from CHS for three (3) or more times the termination will be increased by three (3) months each time and the patient still must meet with the CEO or his designee prior to reinstatement.

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Board Chairman Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director Signature

\_\_\_\_\_  
Date