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| **DEPARTMENT**: Medical, Dental, Behavioral Health | **SUBJECT: No Show** |
| **POLICY:** UHC No Show Policy | **Page 1 of 1** |
| **FUNCTIONAL AREA**: All  | **REFERENCES** PCMH AC 01, 02: Access to Care |
| **EFFECTIVE DATE: November 2013** | **APPROVED BY BOARD**  |
| **REVIEWED/REVISED:**May 2022 | **REVIEWED/REVISED:** | **REVIEWED/REVISED:** | **REVIEWED/REVISED:** |

**Purpose**: This policy guides the management for patients seeking services who do not keep appointments or cancel without sufficient notice (defined as less than 24 hours) and maximize access to care for those patients who are keeping appointments.

**Policy:** After three (3) NO SHOW episodes per service in a consecutive 12-month period, the patient will be ineligible to schedule any future appointments for a period of one (1) year and will only be seen in a same day/emergency appointment slot, thereafter, based on availability.

**Definitions:**

1. **No Show**-: An appointment that does not occur, because patient does not present and is not cancelled/rescheduled within 24 hours of appointment time.

*Example: Patient calls at 1:00 pm to cancel appointment scheduled for 3:00 pm. Example: Patient calls the morning of the appointment to reschedule or cancel today’s appointment.*

1. **Cancellation**- An appointment that is cancelled at least 24 hours prior to the appointment time. *Example: Appointment is on Tuesday, June 3 at 10:00 am, needs to be cancelled by Monday, June 2 (day prior) at 10:00 am.*
2. **Late Appointment**- Patient checks in at entry point 15 minutes after scheduled appointment time. E*xample: Appointment is at 8:20 am, patient arrives at or after 8:35 am.*
3. **Confirmed appointment**: An appointment that is confirmed by phone, email, or text 24 hours prior to the scheduled appointment. *Example: Appointment is scheduled on Tuesday, December 4, at 10:00 am, must be confirmed by Monday (day prior) December 3, at 10:00 am.*
4. **Same Day/Emergency**: Appointment/service request for the present/current day.
5. **Rescheduled**: An appointment that is rescheduled 24 hours prior to appointment time.

*Example: Patient calls today at 8:00 am to reschedule tomorrow’s appointment for next week.*

 **Tracking/Documentation**

1. **No Show**

Patient will be given this Policy to review and sign when initiating services. This signed form will be filed in the patient’s medical, Behavioral Health and dental record. Every episode of no show will be tracked/documented in the patient medical/dental/behavioral health record. For medical and behavioral health patients, the appointment status field in the Practice Management System will document NO SHOW for tracking purposes.

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| **DEPARTMENT**: Medical, Dental, Behavioral Health | **SUBJECT: No Show** |
| **POLICY:** ACC 1.2 No Show Policy | **Page 2 of 1** |
| **FUNCTIONAL AREA**: All | **REFERENCES** PCMH AC 01, 02: Access to Care |
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1. Late Appointment

When a patient is 15 or more minutes late for an appointment, the appointment may be rescheduled to a Same Day, if available or triaged for medical necessity if no Same Day appointment slot is available. The episode will be documented as an appointment status of NO SHOW.

1. Patients presenting at center for an unconfirmed appointment

A patient who shows up for an unconfirmed appointment will be made aware of the policy and will be triaged based on medical necessity to see if they can be seen the same day. The patient should be informed that there will be a wait time based on the provider availability.

Patient/Guardian: Acknowledgement: I hereby acknowledge that I have received and agree to adhere to United Health Center’s No Show Policy.

Patient Printed Name: \_Patient DOB: Patient/Guardian:

Signature: Date: