



CRATER LAKE
SURGERY CENTER, ASC

NO SHOW/MISSED ASC POLICY

Crater Lake Surgery Center, ASC understand that sometimes you need to cancel or reschedule your ASC procedure appointment and that there are family obligations or emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-48-hour notice). You can cancel appointments by calling the following number: 541-200-3600

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted one (1-2) business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 24-48 hours' notice: There is a waiting list to see our providers and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a 24-48-hour cancellation is given this will be documented as a "No-Show" ASC appointment.
3. If you do not present to the office for your appointment, this will be documented as a "No-Show" ASC appointment.
4. After the first "No-Show/Missed" ASC appointment, you will receive a phone call or letter warning that you have broken our "No-Show" policy. We will assist you to reschedule this appointment if needed.
5. If you have a "No-Show/Missed" ASC procedure that was scheduled, you will be charged a no-show fee assessment of \$200.00 or 60% fee without the above 24-48-hour notification. Chronic missed / no shows will result with Governing Board determination for dismissal.

Crater Lake Surgery Center, ASC "No Show/Missed ASC Appointment Policy" and I understand my responsibility to plan ASC appointments accordingly and notify our surgery center appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient

Staff Signature

Date

Thank you for your understanding and cooperating as we strive to best serve the needs of our patients