



No Show Policy

Baylor Scott & White Primary Care Castle Hills is committed to providing access and appointment availability to all of our patients in a manner that fits your needs and availability. In order to maintain this access, we currently strive to confirm appointments with everyone who has scheduled an appointment more than 24 hours in advance of that appointment.

If you will not be able to make your scheduled appointment, please contact the office as soon as possible to cancel or re-schedule your appointment. Missed appointments reduce access and increase costs for all of our patients by forcing other patients to seek costlier care options at urgent care centers and emergency departments.

Baylor Scott & White Primary Care Castle Hills reserves the rights to charge a \$25.00 no show fee to any patient who fails to keep their regularly scheduled appointment. This fee is assessed to the patient, is not reimbursable by your insurance carrier, and will be due upon receipt.

I hereby acknowledge and accept the above policy.

Patient Signature

Date

Late Arrival Policy

Our providers do their best to keep appointments on schedule. Out of respect for patients who have arrived on time for their appointment, you may be asked to reschedule your appointment if you arrive later than your scheduled appointment time. We will make every effort to honor your appointment as a "work in" as the schedule allows upon arrival, but there may be times when this will not be possible and you will have to reschedule.

If you are running late, please contact the office as soon as become aware that you will not be on time. All patients are instructed to arrive 15 minutes prior to their scheduled appointment time to allow staff the time to update your information. New patients are instructed to arrive 30 minutes prior to their scheduled appointment if they need to complete the new patient paperwork in the office. If all registration and health history paperwork is completed, then 15 minutes is sufficient for new patient registration.

I hereby acknowledge and accept the above policy.

Patient Signature

Date