



Cancellation/Missed Appointment/Late Policy

Midland Health: Health and Wellness Center strives to provide quality medical care in a timely manner to all of our patients. In order to do so, we ask that you be aware of the below policies as they pertain to appointments only. These policies enable us to better utilize available appointments for our patients in need of medical care.

Cancellation of an Appointment:

It is the policy of the Practice that patients requesting appointment cancellations will be accommodated as efficiently as possible.

In order to be respectful to the medical needs of other patients, please be courteous and call The Health and Wellness Center office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance, and calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment: for City Of Midland Clients ONLY

To cancel appointments, please call **432-685-2310**. If you do not reach the receptionist you may leave a detailed message on our secure voicemail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

No-Show Policy:

It is the policy of the Practice to monitor and manage appointment no-shows. Any patient who fails to arrive for a scheduled appointment without canceling the appointment less than 24 hours prior to the scheduled time is considered a "no-show". A patient who consistently fails to present themselves for scheduled appointments is considered a chronic no-show.

Late Arrivals:

It is the policy of the Practice that a patient who arrives more **than 15 minutes after** his or her appointment time is handled as a late arrival and will be asked to reschedule as a courtesy to our other scheduled patients.

Patient Name: _____

Patient, Parent, Guardian Signature: _____ Date: _____