



APPOINTMENT NO- SHOWS

It is the policy of the Kitsap Medical Group to monitor and manage appointment no-shows. This is necessary to ensure that we can provide timely access for all patients to our providers. Undue number of unutilized appointments delays necessary medical care for our patients.

Scheduled appointments must be cancelled or rescheduled at least 24 hours prior to the scheduled appointment time. Any patient who fails to arrive for a scheduled appointment without cancelling at least 24 hours prior to the scheduled time is considered a "No-Show".

After an established patient has three "no-show" appointments, that patient may be discharged from our practice and asked to seek healthcare with another physician.

Patients seeking to establish care with Kitsap Medical Group who fail to cancel or reschedule their initial appointment at least 24 hours prior to the scheduled appointment are also considered to be "no-shows". The second instance of failing to keep their initial appointment as scheduled will result in denial of entry to the practice.

There may be a \$40 "no-show" fee. Please note that this is not covered by insurance and is the patient's responsibility to pay.

Procedures:

1. When a patient violates "no show" policy criteria the practice management system is updated to reflect a "no-show".
2. Front office may exercise limited discretion in assigning "no-shows" to account for special circumstances. These special circumstances shall be narrow in scope and would meet the general test of an unavoidable circumstance experienced by the patient such as hospitalization, or another emergency.
3. The appropriate "no show" letter (i.e. established patient; 2nd "no-show") is prepared for the patient. It is printed on Kitsap Medical Group letterhead and mailed to the address supplied by the patient in the practice management system.
4. An electronic copy of the letter is placed in the patient's electronic medical record.

I have read the Kitsap Medical Group policy and procedures, as it applies to No shows and cancellations. I agree to provide at least 24 hours' notice, if physically able, if I am unable to make my appointment. I understand, and agree, that I will be responsible for the \$40 fee that may be assessed for my lack of notification or arrival.

Patient name/signature

Date



Policy effective: 4/4/2025

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