



PONCA TRIBE OF NEBRASKA

Health Clinic • Fred LeRoy Health & Wellness Center • 2602 J Street • Omaha NE 68107
Phone: 402.733.3612 • Fax: 402.733.3487

No Shows / Late Cancels Policy

Policy

1. It is the policy of Ponca Health Services to maximize patient access to care by reducing no-shows through same-day only access, education, and case management. We understand there are times when you must miss an appointment (Medical, Behavior Health, Dental) due to extenuating circumstances. However, missed appointments impact the access to care for you and other patients.

Procedure

1. PHS no-show policy applies to patients who no-show for their scheduled appointment within a calendar year.
 1. Three (3) no-shows, placed on **Same-day Status** for the **next** three (3) months.
 2. A Fourth (4) no-show, placed on **Same-day Status** for the **next** six (6) months.
 3. A Fifth (5) no-show, placed on **Same-day Status** for the **next visit(s)** for one (1) year period.
2. When a patient cancels their scheduled appointment late (**less than 24 hours**) within a calendar year.
 1. Three (3) late cancellations, placed on **Same-day Status** for the **next** three (3) months.
 2. A Fourth (4) late cancellation, placed on **Same-day Status** for the **next** six (6) months.
 3. A Fifth (5) late cancellation, placed on **Same-day Status** for the **next visit(s)** for one (1) year period.

If a patient is **more than 10 minutes** late for an appointment, the appointment will need to be rescheduled and recorded as a no-show. An option may be given to wait for another appointment time on the same day, if one is available. We will try to accommodate late-comers as best as possible but cannot compromise on the quality and timely care provided to our other patients.

Same-day appointments are for urgent or acute health concerns and more complex appointments or treatments may not be able to be accommodated. These appointments cannot be scheduled in advance, a limited number of appointments are available each day, and there are no guarantees an appointment will be available the same day you call.

By signing this form, I have read, acknowledge and been given a copy of the above No Shows/Late Cancels policy for Ponca Health Services.

Printed Name

Signature of Patient

PHS Witness

Date