



No-Show Policy

Thank you for trusting your medical care to Glacier Bay Medical and Diabetes Care Center. When you schedule an appointment with Glacier Bay Medical and Diabetes Care Center, we set aside enough time to provide you with the highest quality care.

Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective December 1, 2020, any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24-hour notice will be considered a No Show and a reminder to keep appointments will be provided.
- Any established patient who fails to show or cancels/reschedules an appointment with no 24-hour notice a second time will be charged a \$25.00 fee.
- If a third No Show or cancellation/reschedule with no 24-hour notice should occur the patient may be dismissed from Glacier Bay Medical and Diabetes Care Center.
- Any new patient who fails to show for their initial visit will not be automatically rescheduled, and will be considered for reschedule on an individual basis.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- As a courtesy, if the patient agrees to receive automated reminder calls, the patient will receive that call for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee.

You may contact Glacier Bay Medical and Diabetes Care Center at 907-302-5750. Should it be after regular business hours Monday through Thursday, or a weekend, you may leave a message with our answering service who will transmit the message you are rescheduling or canceling your appointment.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date