



Effective 08/2023
Next Review 07/2025

Owner Casey Wood:
Mgr, Rev Cycle
Policy
Area Revenue Cycle
Applicability System-Wide AG

No Show/Late Cancellation Charging Policy

POLICY

Baptist Health and Baptist Physician Enterprise (BPE) is committed to minimizing the adverse effects of poor patient attendance. If it is necessary to cancel an appointment, patients are expected to contact Baptist Health or BPE 24 hours before the time of their scheduled appointment.

PURPOSE

The purpose of this policy is to establish clear parameters for which Baptist Health and BPE holds patients accountable for when a no-show/late cancel occurs. As a result, providing a deterrent to reduce the rate of missed appointments and open schedule availability for other patients that need to be seen. This policy excludes laboratory, imaging, radiation therapy treatment, and infusion appointments.

DEFINITIONS

Late Cancel: A patient that cancels a scheduled appointment within twenty-four hours before their appointment.

Left Appointment: Patient arrived for the appointment but left before being seen by the provider due to the provider running behind schedule.

No Show: A patient who fails to attend a scheduled appointment with no prior notification to the healthcare provider.

PROCEDURES

A. Appointment Cancellation/No Show

It is the expectation of patients to present for care at the time of their appointment. If the patient is unable to attend, it is the expectation that cancellations are made twenty-four (24) hours before their appointment. If a patient late cancels or no shows for the appointment, then a forty (\$40) dollar charge will be added to the patient's account by the practice manager or

their designee. The charge will be added to all patients that no show/late cancels equally and the patient will be billed directly, unless the patient qualifies under the exceptions for waiver listed in Section IV.D.E of this policy. If a patient late cancels or no shows multiple appointments in a day, the patient will be charged for each appointment. Although a patient will be expected to pay any outstanding no show fees prior to the next appointment, at no time will access to care be blocked due to an unpaid no-show fee on a patient's account.

B. Left Appointments

If a patient arrived (in person or virtually) for an appointment and is not able to complete the visit due to the provider running behind schedule, the patient will not be charged a no-show/ canceled less than twenty-four (24) hours in advance charge.

C. Late Arrivals

Patients that arrive more than 15 minutes after their appointment will be worked in as scheduled appointments allow, if applicable, and will not be charged a No Show/Late cancellation fee.

D. Patient Notification

Patients are to be notified of the "No Show and Cancellation Policy" via the Authorization and Acknowledgement form during the initial patient registration process. All patients will acknowledge the receipt of the form by signature and date.

E. Coverages Not Applicable for No Show/Late Cancellation Fee

1. Primary Medicaid Coverage
2. Endowments
3. Patients approved for the Baptist Health Financial Assistance program.

F. Criteria for Waived No Show/Cancelation Fee

1. Patient is seeking emergency services or currently admitted to the hospital.
2. Patient was involved in an accident.
3. Patient has had a death in the family.
4. Patient's transportation has been canceled/no showed.
5. Provider initiated cancellation/patient sent home by the office.
6. Scheduling Error

G. Patient Dismissal (BPE and BMDA Only)

In the event a patient no shows or late cancels four times within a one (1) year rolling calendar or three (3) times consecutively, the patient may be subject to dismissal from the practice. The physician and office manager will review the possible discharge. If the discharge is decided, the office manager will contact the director for guidance and approval.

REFERENCES

This policy/procedure is only intended to serve as a general guideline to assist staff in the delivery of

patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgment of the health care provider(s) involved with the patient, taking into account the circumstances at that time. Any references to sources, some parts of which were reviewed in connection with formulation of the policy/procedure are for informational purposes only. The references are not adopted in whole or in part by the hospital(s).

Approval Signatures

Step Description	Approver	Date
SVP Revenue Cycle	Philip Boyce: SVP & Chief Revenue Officer	08/2023
VP BPE Ops	Edward Gorak: VP, Medical Dir Operations,BPE	07/2023
Policy Owner Approval	Casey Wood: Mgr, Rev Cycle Policy	07/2023