

APPOINTMENT POLICY NOTICE



Effective March 30, 2015

THIS NOTICE DESCRIBES OUR APPOINTMENT POLICY AND HOW FAILURE TO KEEP YOUR APPOINTMENTS MAY CAUSE YOU TO LOSE SCHEDULING PRIVILEGES. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING ACCESS TO HEALTHCARE SERVICES

Plumas Rural Health Clinic strives to provide sufficient access to healthcare for all who enter our doors. Patients who break appointments on a consistent basis disrupt our ability to provide access.

DEFINITIONS:

Adequate notice - 24 hours prior to appointment. Patients who call to cancel the day of their appointment are counted as broken appointments.

No show - when a patient has a scheduled appointment, but neither uses the appointment or contacts the office to cancel or reschedule

Required callback - phone call from patient confirming telemedicine appointment 48-hours prior to appointment. Telemedicine and dental patients who fail to make the required callback will have their appointment cancelled.

Broken appointment - less than 24-hour notice, "no show," or failure to make required callback

BROKEN APPOINTMENT TRACKING

Plumas Rural Health Clinic staff will track and document broken appointments daily. Physician office and dental broken appointments are cumulative.

SCHEDULING RESTRICTIONS

When a patient accumulates three broken appointments within 12-consecutive months, the patient will be placed on scheduling restrictions and only able to schedule same day appointments (a.k.a. "sit and wait"). Telemedicine visits are not eligible for "sit and wait," as providers are not on campus. Patients on scheduling restrictions may lose their privileges for telemedicine appointments.

TERMINATION OF "SIT AND WAIT" STATUS

"Sit and wait" status will be terminated when a patient successfully keeps three consecutive "sit and wait" appointments. There is no minimum or maximum time limit for patient to make three consecutive "sit and wait" appointments.

APPOINTMENT POLICY NOTICE



ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the "Appointment Policy Notice" of Plumas Rural Health Center. We encourage you to read in in full.

I acknowledge receipt of the "Appointment Policy Notice" of Plumas Rural Health Center

SIGNATURE

Date: _____ Time: _____ AM / PM

Signature: _____
(patient / legal representative)

If signed by someone other than patient, indicate relationship: _____

Print Name: _____
(legal representative)