



Family Health Care of Northwest Ohio, Inc.
1191 Westwood Drive
Van Wert, OH 45891
Phone: 419-238-0248 Fax: 419-238-3721

“NO SHOW” POLICY

If you are unable to make your appointment, please call and cancel/reschedule no later than **two hours** prior to your scheduled appointment. Typically, Family Health Care has a waiting list of patients who are requesting an appointment. If you are unable to keep your appointment and you don't call to cancel in advance, we are unable to schedule another patient in your time slot.

If you do not call to cancel and you miss your appointment (if you are more than 10 minutes late, this is also considered a missed appointment), the following action will be taken:

SELF-PAY AND INSURANCE CLIENTS:

A \$10.00 fee will be charged to you for a missed appointment. This fee must be paid before scheduling another appointment.

MEDICARE AND MEDICAID CLIENTS:

After missing three (3) appointments, you will be discharged from Family Health Care. If you wish to be readmitted, you may schedule a meeting with the Director or Office Manager and your readmission will be considered.

I have read and agree to the above “0 Tolerance Policy” and “No Show” policy.

Patient Name: _____ DOB _____

Signature _____ Date _____

Family Health Care Board of Directors has adopted a “0 Tolerance Policy” regarding rude and/or abusive language/behavior towards any member of our staff. Failure to follow this policy could result in discharge.