

Kidney Specialists of New Mexico, P.C.

717 Encino Pl, NE, Suite #26, Albuquerque, NM 87102, Phone (505)-884-4545

Medical Appointment Cancellation/ No Show Policy

Thank you for trusting your medical care to Kidney Specialists of New Mexico. We understand that there may be times when you need to cancel or reschedule your appointment. Should you need to cancel or reschedule an appointment please contact our office by phone 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 5/13/2023.

- First No Show/ Cancelled appointment: If you fail to show for a scheduled appointment or cancel a scheduled appointment and have not contacted our office with at least 24-hour notice*, this will be considered No Show and you will be charged a \$25.00 to your account.
- Second No Show/ Cancelled appointment: If you fail to show for a scheduled appointment or cancel a scheduled appointment and have not contacted our office with at least 24-hour notice*, this will be considered No Show and you will be charged a \$50.00 to your account.
- Third No Show/ Cancelled appointment: If you fail to show for a third time for a scheduled appointment and have not contacted our office with at least 24-hour notice*, there will be a charge \$75.00 at the time of scheduling.
- The No Show/Cancellation fee is charged to you, not the insurance company, and is due at the time of visit, or scheduling.
- As a courtesy, when time allows, we make reminder calls 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 call our Front Desk supervisor or our Practice Manager, who may be able to waive the No Show/Cancellation fee.

**Exception to the 24-hour notice for No Show/Cancelled Appointment scheduled for a Monday appointment. The office must receive changes to the scheduled appointment the Friday before (72 hours before the scheduled appointment).*

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

Signature/Date

Name