

# Be there... or pay up

## *Developing a patient no-show policy for your practice*

No-show patients are a part of any medical practice. Over the years, physicians and other practitioners have developed numerous policies in an attempt to prevent no-shows.

Most practices institute such policies as a deterrent rather than for the purpose of actually collecting additional fees, since collections efforts can be more expensive than the fees collected.

Some practitioners have instituted an up-front approach, requiring patients to reserve their appointment slots with a deposit. This deposit is cashed if the patient fails to make their scheduled appointment.

Regardless of the policy implemented, it is crucial that the policy is clear and uniformly applied to patients.

Any no-show policy implemented by a practitioner should be written and incor-

porated into a financial consent form signed by the patient so that the patient has actually agreed to the charge for purposes of collecting.

According to the American Medical Association's (AMA) Position Statement on Informed Financial Consent, a medical practitioner should give the patient sufficient information regarding the likely fees charged by the practice so that the patient is able to make an informed decision prior to the provision of medical services. The financial consent should say something to the effect of: "I agree to be bound by the attached no-show policy."

Further, for the purpose of notification, the practitioner should post the no-show policy in a conspicuous place within the office, in addition to having the patient sign a new financial consent form that in-

cludes the no-show policy.

In developing a patient no-show policy, a practitioner needs to be aware of his/her practice's history and needs. It is vital that patients understand that their behavior and failure to keep appointments can damage their health as well as the health of other patients. Many practices have implemented telephone reminder systems to notify patients of appointments in the next 24 to 48 hours. Others charge a percentage of the appointment fee. Some practitioners overbook patients, assuming that a percentage of patients will not show.

As noted above, a new trend in patient no-show policies is to make patients reserve their appointment with a deposit. If the patient fails to appear for his/her appointment or give proper notice, the de-

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posit is cashed. After making an initial deposit, patients should be much more faithful about showing up, or least providing notice if they cannot make their appointment. Again, patients must be informed of the policy and understand that they will lose their deposit if they miss their appointments.

The implemented no-show policy should be reasonable to avoid patient complaints and the transfer of good patients to other providers. For example, a policy may state that a patient who arrives more than 30 minutes late shall be assessed the no-show fee. But, if patients are routinely required to wait 30 minutes or more from the scheduled appointment time, the hypothetical policy is likely unreasonable.

It may be advisable for a policy to have some flexibility, for instance, by allowing a patient one occasion to waive the no-show fee. The policy should recognize that there are some situations in which a patient cannot cancel with greater than 24 hours notice. Some policies may explicitly state that the practice shall forgive one missed appointment, but, beyond that, failure to cancel will result in the stated fee of the no-show policy.

Any patient no-show policy implemented by a practitioner should be clear and uniformly applied to all patients. The patients should also be provided with ample notification of the no-show policy so that the practitioner can properly enforce and collect any no-show fee charged to a patient. Requiring a patient to deposit funds prior to the appointment may effectively deter and modify patients' behavior to limit a practice's no-shows.