

CVT Surgical Center No-Show Policy

At CVT Surgical Center we are committed to providing high-quality, timely care to all our patients. To maintain an efficient schedule and ensure fair access to surgical services, **effective 9/17/2026**, CVTSC has implemented the following ***no-show and cancellation policy***:

1. Cancellation Window

Patients are required to provide **at least 24 hours' notice** if they need to cancel or reschedule an appointment. This advance notice allows us to offer the time slot to another patient in need of care.

2. No-Show Fees

Failure to cancel or attend an appointment without proper notice will be considered a "no-show." The following fees apply: **Office Visit No-Show: \$25**

These fees are not covered by insurance and will be the responsibility of the patient.

3. Notification of Policy

This policy is communicated to patients through:

- New patient intake forms
- Appointment reminders (text, email, or phone)
- Our website and office postings

Patients are expected to review and acknowledge this policy upon registration with the center.

4. Waivers and Exceptions

We understand that emergencies and unforeseen circumstances can arise. Patients may request a waiver of the no-show fee by contacting our office. Documentation may be required, and waivers are granted at the discretion of the practice.

Why This Policy Matters

Reduces Financial Losses: Missed appointments represent lost revenue and idle surgical time.

Prevents Schedule Disruption: No-shows create inefficiencies, delay other patients' care, and strain staff resources.

Improves Patient Outcomes: Ensuring consistent attendance supports timely treatment and better health outcomes.

How You Can Help

Confirm Your Appointment: Patients are encouraged to confirm via our automated reminders.

Set Reminders: Use calendar alerts or mobile reminders to keep track of your appointment.

Educate Yourself: Understand how missed appointments affect your care and others waiting for care.

Be Timely: Arriving on time helps us stay on schedule for all patients.

Thank you for partnering with us in providing exceptional care.

Patient Signature: _____ Date: _____

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