

**Westside Medical Clinic**  
**3760 South Mason Road Suite #10 Katy, TX 77450**  
**(P) 281-398-2900 (F) 281-398-9990**

**No Show Policy**

Our goal is to provide quality individualized medical care in a timely manner. "**No shows**" and **late cancellations** inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

**No Show Policy**

A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the medical record as a "no-show". Emergency cancellations are accepted only for illness, illness of a family member or death in the family.

**Missed appointment: There will be a \$25.00 charge for office visit and \$40 for missed physical or wellness visits. The charge is not billable to insurance you will be responsible for patient out of pocket.**

**Cancellation of an Appointment**

In order to be respectful of the medical needs of other patients, please be courteous and call the office at 281-398-2900 promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of an appointment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. Late Cancellations: A late cancellation is considered when a patient fails to cancel their scheduled appointment with a 24 hour advance notice.

**How to Cancel Your Appointment**

To cancel appointments, please call 281-398-2900 between 8am – 5pm.

**Please note that this is our policy and we will continue to call or email to confirm your appointment with us one to two days prior to your visit with us. By signing below, you acknowledge that you have received this notice and understand this policy.**

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_