# No-Show Policy

At Plymouth Bay Orthopedic Associates, our mission is to provide timely, high-quality care to every patient that trusts us with their health. We value time and strive to respect it by keeping appointments running efficiently.

## What Counts as a No-Show?

A “no-show” occurs when a patient:

- Does not arrive for a scheduled appointment and
- Has not contacted the office at least 24 hours in advance.

## Late Cancellations

Cancellations made less than 24 hours before your appointment time are considered late cancellations and will be treated the same as a no-show.

## Orthopedic Specialty Considerations

Because orthopedic appointments often involve significant preparation—such as X-rays, procedure room setup, and coordination with clinical staff—missed appointments have a greater impact on patient care and scheduling.

For this reason, the following charges and policies apply:

## Fees

- $50 for a missed office visit (new patient or follow-up)

These fees are not covered by insurance and are the patient’s financial responsibility and must be paid prior to scheduling additional appointments.

## Late Arrival Policy

Patients arriving 15 minutes or more late may need to be rescheduled to ensure timely care for others. Depending on the schedule, this may be counted as a no-show.

## Repeated No-Shows

To maintain access for all patients:

- Two (2) no-shows or late cancellations within 12 months may result in a warning.
- Three (3) no-shows or late cancellations within 12 months may result in limited scheduling options or dismissal from the practice.

## How to Cancel or Reschedule

Please cancel at least 24 hours in advance by:

- Calling: 781-934-2400

This helps us offer the appointment to another patient who needs orthopedic care.

## Exceptions

We understand that emergencies and unforeseen circumstances may arise. If this occurs, please contact our office as soon as possible so we can discuss the situation and reschedule your appointment when appropriate.

## Acknowledgment

Scheduling an appointment with our orthopedic practice confirms that you have read and agree to this No-Show Policy.

Print Name: _____

Patient Signature: _____

Parent/Guardian Signature: _____

Date Signed: _____