



1911 Mt. View Lane, Suite 300 • Forest Grove, OR 97116
phone: (503) 357-2826

Cancellation Policy for Medical Appointments

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

Scheduled Appointments

To schedule an appointment please call 503-357-2826. We encourage that you schedule appointments for preventative health visits, physicals, pap exams, chronic medical conditions, and prescription renewals.

Cancellation of an Appointment

In order to be respectful of the medical needs of the Blossoming Health community please be courteous and call our staff promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of our valued patients.

If it is necessary to cancel your scheduled appointment we require that you call 48 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.

How to Cancel Your Appointment

To cancel appointments please call 503-357-2826. If you do not reach the receptionist you may leave a detailed message on the voice mail. You may not cancel via email.

Late Cancellations

Late cancellations will be considered as a "no show".

No Show Policy

A "no show" is someone who misses an appointment without canceling it by 10 a.m. one (1) working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in the patients' chart as a "no show". The first time there is a "no show", the patient will be sent a letter alerting them to the fact that they have failed to show up for an appointment and did not cancel the appointment. A copy of the letter will be placed in the patient file. If there is a second "no show" a fee of \$50.00 will be billed to the patient's account.

Print

Name: _____ Signature _____

Date: / /