



MCCOY MEDICAL GROUP  
PRIMARY CARE

## FINANCIAL POLICIES

### Late Arrival and Cancellation Policy

At McCoy Medical Group, we strive to provide timely and effective care for all our patients. In order to respect everyone's time and maintain our schedule, we have established the following policies:

#### 1. Appointment Timeliness:

- We kindly ask that you arrive at least 10 minutes before your scheduled appointment time. This allows for any necessary paperwork/Copay collection and ensures that we can start your appointment on time.

#### 2. Late Arrival:

- If you arrive more than 5 minutes late for a follow up (15 min) appointment or more than 10 minutes late to a new patient appointment (30 min), we may need to reschedule your visit to avoid disrupting the schedule of other patients.

**3. Rescheduling:** In the event that you arrive late and need to be rescheduled, we will make every effort to accommodate you as soon as possible. However, we **cannot guarantee** an immediate or same-day appointment.

#### 4. Cancellation Fees:

- **Please be aware that we have a 3 strike policy per calendar year.** We understand emergencies happen. However, if repeated late arrivals, no shows or cancellations without at least 24 hours' notice may result in dismissal from our practice.

**5. No Show Fee:** A \$50.00 No Show fee will apply to anyone who completely misses a scheduled appointment without any communication to our office.

**6. Communication:** If you anticipate being late or need to reschedule, please contact our office as soon as possible. We are happy to assist with rescheduling your appointment and will work with you to find a suitable time.

#### 6. Emergency Situations:

- We understand that emergencies and unforeseen circumstances can occur. If you find yourself running late due to an emergency, please inform us as soon as possible so we can make appropriate arrangements.

We appreciate your understanding and cooperation in helping us maintain an efficient schedule and provide the best possible care for all our patients.

Thank you,  
McCoy Medical Group

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_