

# Diabetes & Geriatrics Specialist



## & Family Medicine

Dr. Pardeep Sharma  
Alisha Masters N.P.

# Cumberland Kidney Specialists

Your Local Nephrologists



## Non-Confirmed Patient Policy

**If a patient does not confirm, we reserve the right to give that appointment spot to another patient. Non-confirmed patients may have to reschedule or wait until next open appointment spot.**

## No Show/Cancellation Policy:

A “**No-Show**” is a patient who fails to appear for a scheduled appointment without providing a 24-hour cancellation notice. Further, a *rescheduled appointment* that is less than the 24-hour cancellation notice is still considered a cancellation and is treated as such.

**There is a \$25 charge for all No-Show visits.**

If we are unable to directly contact the patient, we will leave a voice message indicating the date, location and time of the patient’s appointment. **It is the responsibility of the patient receiving the voicemail to confirm, cancel or reschedule 24 hours before the scheduled appointment.** All reminder calls are documented in the patient’s electronic health record. If the patient’s phone is “out of service” or not receiving calls, the patient is still responsible for keeping the scheduled appointment and updated their contact number.

All patients will have no more than three (3) no show appointments and/or cancelled appointments. All patients who have three (3) no show appointments and/or cancellations will no longer be permitted to schedule appointments with Cumberland Kidney & Diabetes, as we have many patients this takes time away from.

*To assist the patient in keeping appointments, our office has an automated reminder service (Robo call or text) that initiates a reminder telephone call or texts 48 hours before the patient’s scheduled appointment. During the reminder call or text, the patient is offered the opportunity to either confirm or reschedule the appointment. All reminder calls are documented in the patient’s electronic health record. Following the reminder call (or appointment confirmation), the patient is responsible for cancelling or rescheduling the appointment no less than 24 hours before the scheduled appointment.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date