

 HOUSTON EYE ASSOCIATES <small>Established 1971</small>	DEPARTMENT: Patient Accounts	
	POLICY TITLE: No-Show Policy	
EFFECTIVE DATE: 4-1-2021		DATE APPROVED: 3-22-2021
DATES REVIEWED: 06/05/2023		
DATES REVISED: 05/22/23		
DATE RETIRED:		
<i>This is a "controlled" electronic document and is authorized for use. Copies of printouts of this document are not official.</i>		

SCOPE

This policy establishes guidelines for charging patients for missed appointments, and shall be applied against all patients in a non-discriminatory manner.

PURPOSE

To incentivize patients to timely cancel their appointments and/or procedures if they cannot make the Scheduled appointment in order to allow for Houston Eye Associates to accommodate other patients seeking care.

POLICY STATEMENT

Sometimes patients have events that may arise that make it necessary for them to cancel/change their appointment with Houston Eye Associates. Houston Eye Associates wants to accommodate these individuals but also wants to incentivize them to make such changes in a timely fashion so that it can accommodate other patients who need services. Houston Eye Associates charges patients a "no show" fee in the event a patient does not cancel his/her appointment 24 hours in advance of or does not show up for his/her scheduled appointment to the extent permitted by applicable law and insurance contracts.

DEFINITION

"No Show" – means someone who misses an appointment without calling 24 hours in advance of his/her scheduled appointment to cancel. Failure to cancel an appointment 24 hours in advance of the scheduled appointment is considered a "No Show".

PROCEDURE

1. Generally

- a. A failure to show up at the time of a scheduled appointment, surgery, or minor procedure will be recorded in the patient's chart as a "No Show".
- b. The first time there is a "no show" there will be no charge to the patient. Staff will send a letter to the patient advising him / her of the policy violation and that any future violation will result in a "No Show" fee to the patient.
- c. Any additional "no-shows" will result in a "No Show" fee of \$45.00 for regular appointments, \$200.00 for surgical procedures, and \$100 for Clinic Minor Procedures.

- i. A credit card transaction in the amount of \$45 deposit will be required prior to scheduling future appointments for a patient after the first “No Show”. If the “No Show” is related to a surgical procedure, the transaction will be in the amount of \$200, and if the “No Show” is related to a clinic minor procedure, the transaction amount will be \$100.
 - ii. If a patient is uncomfortable using a credit card, a \$45.00 cash deposit will be required to schedule future appointments, a \$200.00 cash deposit will be required to schedule a surgical procedure, and a \$100 cash deposit will be required for a clinic minor procedure.
 - iii. Checks will not be accepted as a form of payment for the deposit.
 - d. This deposit will be applied to the patient’s bill on the day of the appointment and any remaining balance will be refunded.

At any point during the payment process, if a check is considered returned by the bank, a \$38.00 returned check fee will be assessed to the patient’s account.

- e. This policy shall be applied to all patients in a non-discriminatory matter.

2. Policy Exceptions

- a. Houston Eye Associates will not apply the “no show” fee if:
 - i. The patient’s benefits coverage is through Medicaid.
 - ii. The patient’s benefits coverage is through any other payer that prohibits practices from charging patients a “No Show” fee.
 - iii. The patient’s benefits are through worker’s compensation
 - iv. Extraordinary circumstances approved by the Physician or Administration.

3. Informing Patients of This Policy

- a. All patients will be provided with a summary of this policy and a form which the patient is to sign acknowledging his or her receipt of an agreement to the policy (“No Show Policy & Acknowledgement”) with the patient intake paperwork they are asked to complete prior to the initial visit.
 - b. Existing patients will be informed of this policy when scheduling an appointment with Houston Eye Associates and will be asked to complete a No-Show Policy & Acknowledgement at their next scheduled appointment.
 - c. The No Show Policy & Acknowledgement will be made available to patients on Houston Eye Associates’ website.

REFERENCES

- Medicare Claims Processing Manual, Chapter 1 § 30.3.13.
- MLN Matters Article MM5613 Regarding Charges for Missed Appointments (October 1, 2007).

REGULATORY REFERENCES