



PATIENT LABEL

**Community Hospital Clinics Cancellation and No-Show Policy**

To maintain our high standard of care, we ask that you **arrive 15 minutes early** to your appointment, **30 minutes early if you are a new patient**. *If you must change your appointment, please contact our scheduling department 24 hours in advance* at (928) 668-1833 and we will be happy to assist you. If the office is closed, or an operator/receptionist is unavailable, please leave us a voicemail message with your date of birth, first and last name, telephone number and we will promptly return your call to reschedule your appointment.

**Missed appointments** or “**No Shows**” are when an appointment is missed without cancelling. Failure to show for an appointment is recorded in our system and will be subject to the following:

**No-Show** - You will be charged a fee of \$75 which would have to be paid before another appointment could be scheduled for you.

**Continued No-Shows could result in you not being able to schedule “future” appointments or being discharged from our clinics.**

**Prescription Refill Policy**

Patients should contact their pharmacy first when needing a medication refill. If you are out of refills, your pharmacy will fax a generated refill request to our office. Patients are responsible for submitting their refill request on a timely manner before running out of their medication. We have 72 business hours to fulfill your medication refill request.

Patient must have seen their provider within 6 months to obtain a medication refill (Certain controlled medications require a monthly appointment with your provider). Please be aware that some conditions require routine labs in order to monitor and adjust your medications.

**Patient Portal and Test Results**

Patient will be able to obtain their test results on our My Care Corner Portal. Our office will contact you directly for any abnormal test result findings. For copies of your results please contact our medical records department at 928-684-4364.

If you have not signed up for a portal, you may do so by visiting [www.wickhosp.com](http://www.wickhosp.com) and selecting Patient Portal on the top right-hand corner. If you need assistance signing up, you may contact our portal support team at 928-668-5512. You may also provide your email address at the time of registration, and we will forward you an invitation link with instructions on how to set up your patient portal.

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Patient Signature

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness