Patient Late Arrival Policy  
Effective Date: February 20, 2015  
Revised: November 1, 2021

I: Purpose
To promote efficiency of clinic operations and to encourage providers to accommodate the needs of our patients while ensuring fairness to all patients and families.

II: Definitions

- **Scheduled arrival time**: The time at which the patient has been instructed to arrive at the clinic registration desk. This is 15 minutes before the patient is actually scheduled to begin testing or to be seen by the provider. When implemented, the scheduled arrival time is the only time that the patient is provided by our schedulers and when they receive their reminder call/text.
  
  *Note: The Division of Cardiology does not participate in the utilization of scheduled arrival times. They have elected to provide patients with the Appointment Time as it appears in our scheduling system.*

- **Appointment time**: The time at which the patient is scheduled to see their provider or begin testing. This is the time listed in both scheduling appointment book and ambulatory organizer with iCentra.

- **Late Arrival** – A patient is deemed late if they arrive more than 20 minutes after their scheduled arrival time regardless of the length of the scheduled appointment.

III: Policy

1. Families will be notified of the late arrival policy when scheduling their appointment. “This appointment is scheduled for (ARRIVAL TIME) at our (Location/Station & Address) with (Provider). Please make sure you arrive at or before your appointment time or you may be asked to reschedule.”

2. If a patient arrives 20 minutes after their scheduled arrival time, the receptionist will notify the patient or family of the following:
   
a. “We will do our best to see your child, but please understand that out of fairness to patients who arrive on time, your late arrival may require us to reschedule your appointment. I will check with your provider to see if your child can be seen today, but you may be asked to wait until the end of clinic and your time with your provider is likely to be shortened.”

b. The receptionist should then contact the Medical Assistant working with the provider or the Lead Medical Assistant who will in turn ask the provider (when they are available) if the patient can be seen. Factors the provider should consider include: travel distance for the patient, the patient’s age and underlying medical condition, availability of appointments, impact on clinic flow, etc.

c. If the patient is late due to their visit running long with one of our other specialties, the provider should see the patient.

d. If a patient is scheduled for testing (pulmonary function test, echocardiogram, etc.) separate from their clinic appointment, the provider should consider alternatives to both performing the testing and seeing the patient in clinic.

e. Providers are encouraged to accommodate late arriving patients if this can be done without significant negative consequences to the care provided, other patients being seen on time, or the clinic staff. Consideration should be given to patients who have traveled long distances to the appointment.