COMPLETE CARE

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Standard Operating Procedure

Procedure Title:	**LSN Program Appointment Management SOP**
Date:	**06/04/2026**
Version:	**1.0**
Department:	**CIC**
Approved By:	**Cece Carvajal**

Purpose: Cancellations, No-Shows, and Program Opt-Outs-

To ensure consistent management of LSN program appointments, maintain continuity of care, support insurance billing requirements, and clearly define team member responsibilities when patients cancel, no-show, or discontinue participation in the LSN program.

Procedure: No Show Appointments-

Responsibility: Heidi

If a patient does not attend their scheduled LSN appointment:

1. Cancel the appointment using the **No-Show** appointment status, after 10 minutes.
2. Create a **Patient Case** immediately following the no-show.
3. In the Patient Case notes:
    a. Document the missed appointment date.
    b. Specify the date by which the patient must be rescheduled.
    c. Include any relevant scheduling instructions.
4. Assign/send the Patient Case to the Front Desk for follow-up and rescheduling.

Responsibility: Front Desk

1. Review the Patient Case.
2. Contact the patient and assist with rescheduling.
3. Ensure the patient is rescheduled within the timeframe noted by Heidi.

Procedure: Patient Cancellation-

Responsibility-Reception Team

If a patient contacts the clinic to cancel an LSN appointment:

COMPLETE CARE

1. Cancel the appointment per standard scheduling procedures.
2. Review the patient's future appointments.
3. Ensure the patient is rescheduled within the same calendar month as the canceled appointment whenever possible.
4. Verify that the rescheduled appointment will prevent a lapse in care and support monthly program requirements.
5. If the patient declines to reschedule, notify them of the monthly cost of $150.00.

Procedure: Patient opting out of LSN Program-

Responsibility- Heidi

1. Cancel all future LSN-related appointments.
2. Add a patient alert stating:
3. "Patient opted out of LSN Program in [YEAR]."
4. Create Patient Case and document any relevant patient comments or reasons provided and send to Provider.
5. Deactivate individual in Trainerize, update tracking sheet.

Responsibility- Reception

1. Cancel all future LSN-related appointments.
2. Add a patient alert stating:
3. "Patient opted out of LSN Program in [YEAR]."
4. Create Patient Case and document any relevant patient comments or reasons provided and send to Heidi.

Purpose: Patient are aware of Monthly Participation Requirement in order to Bill Insurance.
Patients enrolled in the LSN program are expected to be seen within each calendar month.
If a patient cancels their appointment and is not rescheduled within the same month:

Responsibility- Heidi

Procedure:

COMPLETE CARE

1. The patient must complete and sign the clinic's LSN Monthly Participation Waiver.
2. The waiver must include:
    a. Authorization to maintain a credit card on file.
    b. Acknowledgment monthly participation in office and check in with Provider is required to bill insurance.
3. Authorization for the clinic to charge $150 if the patient is not seen during the applicable month.