



Cancellation Policy/No Show Policy For Doctor Appointments and Surgery

1. Cancellation/ No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company.

2. Scheduled Appointments

We understand that delays can happen, however we must try to keep the other patients and doctors on time. Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as **NO SHOW**. Patients who No-Show three (3) or more times in a 12 month period, may be dismissed from the practice thus they will be denied any future appointments.

If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

3. Cancellation/ No Show Policy for Surgery

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office.

If surgery is not cancelled at least 7 days in advance you will be charged a one hundred dollars (\$100) fee; this is will not be covered by your insurance company.

4. Account balances

We will require that patients with self pay balances to pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

Note: We understand that Special unavoidable circumstances may cause you to cancel without being able to meet the above-required notice. Fees in this instance may be waived but only with management approval in its sole discretion.

Please sign that you have read, understand, and agree to this Cancellation and No show Policy.

Print Patient Name

Signature Patient/Guardian

Date