SUSSEX NP, LLC

Office #: 302-321-5611 Fax#: 302-406-1892

NO SHOW POLICY

If you are unable to keep your scheduled appointment for any reason, please notify the office ***at least 24 hours*** in advance so that we can accommodate other patients who may need to be seen.

Our "NO SHOW" policy is as follows:

1) For the First "NO SHOW" missed appointment, or cancellation within 24 hours of your appointment, you will be charged $50.00 fee. Further- medications will not be refilled until balance is paid in full.
2) For the Second "NO SHOW" missed appointment, or cancellation within 24 hours of your appointment, you will be charged $50.00 fee. Further- medications will not be refilled until balance is paid in full.
3) For the THIRD "NO SHOW" missed appointment, or cancellation within 24 hours of your appointment, you will be discharged from the practice giving you 30 days to find a new provider

Patient Signature: _____

Today's Date: _____