



**ARS Medical, PLLC.
Cancellation policy**

ARS Medical PLLC dba ARS Medical Primary Care
Cancellation Policy

Effective Date: 03/08/2024

At ARS Medical PLLC dba ARS Medical Primary Care, we strive to provide timely and quality healthcare services to all our patients. To facilitate efficient scheduling and accommodate the needs of our diverse patient population, we have established the following cancellation policy. We kindly ask all patients to read and adhere to this policy.

1. Notice Period:

Patients are required to provide a minimum of 24 hours' notice for appointment cancellations or rescheduling. This allows us to offer the appointment slot to another patient in need.

2. Cancellation Fees:

A fee of \$50.00 will be charged for appointments canceled with less than 24 hours' notice or for no-shows. This fee helps offset the costs associated with the unused appointment time.

3. Communication Method:

Patients are encouraged to call our office at (704) 595-3742 or use our online portal to cancel or reschedule appointments. Please do not rely on email for time-sensitive cancellations.

4. Exceptions:

In case of emergencies or sudden illness, exceptions to the cancellation policy may be considered. Please contact our office as soon as possible to discuss your situation. Written documentation is required to avoid the cancellation fee.



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5. Rescheduling:

Patients may reschedule appointments without incurring a cancellation fee if done within the specified notice period. Rescheduling within 24 hours may be subject to the cancellation fee.

6. Reminders:

We utilize appointment reminder systems to help you stay informed. It is the patient's responsibility to confirm or cancel appointments in a timely manner.

7. Policy Acknowledgment:

Patients are required to acknowledge and agree to this cancellation policy during the appointment scheduling process, either in writing or electronically.

8. Multiple Offenses:

Repeated late cancellations or no-shows may result in discharge from the clinic. We appreciate your understanding and cooperation in maintaining the efficiency of our scheduling system.

9. Refund Policy:

Prepaid services are non-refundable for late cancellations or no-shows. Refunds may be considered in exceptional circumstances at the discretion of clinic management.

10. Policy Updates:

Patients will be notified of any changes to the cancellation policy through our official communication channels. Changes will take effect on the specified date.



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By scheduling an appointment at [Your Clinic Name], you acknowledge and agree to abide by the terms of this cancellation policy. We appreciate your cooperation in helping us provide excellent care to all our patients.

Patient signature _____

Print name _____

Date _____

If you have any questions or concerns regarding this policy, please contact our office at email: info@arsmedicalpllc.com or (704) 595-3742.

Thank you for choosing ARS Medical Primary Care.