

**Payero Family Medicine**  
**2507 Harrison Ave, Suite 101, Panama City, FL 32407**  
**Phone: 850-710-1999**

**Late Cancellation & No-Show Policy Consent**

**Policy Summary:**

To provide timely care for all patients, Payero Family Medicine requests **at least 24 hours'** notice for cancellations or rescheduling.

**How to Cancel/Reschedule:**

- Call: **850-710-1999** during business hours
- Use the **patient portal**

**No-Show Definition:** Missing an appointment **without notice** or without 24-hour cancellation may result in a **\$30 fee**.

**Exceptions:**

Emergencies may be considered on a case-by-case basis. Contact the office as soon as possible.

**Appointment Reminders:**

Reminders may be sent via phone, email, or text. Receiving a reminder **does not remove responsibility** to attend or cancel properly.

**Repeated No-Shows:**

Three (3) no-shows within 12 months may require **prepayment for future visits** or could result in **discharge from the practice**.

**Acknowledgment:**

I have read, understand, and agree to this policy.

**Patient Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_