

Creekside Medical Clinic
3014 Creekside Vlg Dr Ste201 Kennesaw GA 30144
Tel: 770-627-3986 Fax: 770-872-0517 Email: doctor@creeksidemedicalclinic.com
Cancellation and No-Show Policy

At Creekside Medical Clinic, we are committed to providing high-quality care and ensuring that all patients have access to timely appointments. To maintain efficiency and accommodate other patients, we have established the following cancellation and no-show policy:

Appointment Cancellations

- If you need to cancel or reschedule your appointment, please notify us at least 48 hours/ 2 days in advance.
- Cancellations made with less than 48 hours/ 2 days' notice WILL be subject to a cancellation fee of \$50.

No-Show Policy

- A “no-show” is defined as missing an appointment without prior notification.
- Patients who fail to show up for an appointment WILL be charged a no-show fee of \$50.
- Repeated no-shows for more than 3 missed appointments within 3 months may result in restrictions on future scheduling.

Late Arrivals.

- If you arrive more than 15 minutes late, your appointment may need to be rescheduled or shortened based on provider’s availability.
- In some cases, late arrivals may be considered a no-show and subject to the associated fee.

Exceptions.

We understand that emergencies happen. If you have an extenuating circumstance, please contact our office as soon as possible, and we will do our best to accommodate you.

Acknowledgment.

By scheduling an appointment, you agree to this cancellation and no-show policy. If you have any questions, please contact us by email at doctor@creeksidemedicalclinic.com. Thank you for your cooperation and understanding.

Signature: _____ Date _____

Printed Name: _____ Relationship: _____

Patients associated above guarantor:

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____