



NO SHOW/ LATE CANCELLATION POLICY

This policy has been established to help us serve you better.

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late-cancellations cause problems that go beyond a financial impact on our practice. When an appointment is made, it takes an available time slot away from another patient. No-shows and late-cancellations delay the delivery of health care to other patients, some who are quite ill.

A “**No Show**” is missing a scheduled appointment. A “**Late Cancellation**” is canceling an appointment without calling us to cancel 24 hours in advance of an office visit.

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept, and adequate notice is not possible. These situations will be considered on a case by case basis.

Methods of payments: Cash, Checks, American Express, MasterCard, Visa and Discover. (Returned check fee is \$25.00)

- I certify that I have read and understand the “Financial Policy” and agree to all terms and conditions as stated above. I understand it is my sole responsibility to verify my medical coverage with the insurance company, HMO or PPO, Medicare/Medicaid or other benefits programs and that I am ultimately responsible for payment in full for any outstanding balances incurred.**

A charge of \$25.00 will be assessed for each no show or late cancellation office visit appointment if less than 24 hours notice is given

Signature of Patient/Policyholder

Date

Signature of policyholder if other than patient

Witness