**MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY**

Thank you for trusting your medical care to Central Bucks Rheumatology. When you schedule an appointment with Central Bucks Rheumatology, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

* Effective February 3, 2022 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours’ notice will be considered a No Show and charged a $50.00 fee.
* If a third failure to show or cancellation/reschedule without 24-hour notice should occur, the patient may be dismissed from Central Bucks Rheumatology.
* Any new patient who fails to show for their initial visit will not be rescheduled.
* The fee is charged to the patient, not the insurance company, and is due prior to the patient’s next office visit.
* As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our office, as we may be able to waive the No Show fee. You may contact Central Bucks Rheumatology 24 hours a day, 7 days a week at 267-483-8094. Should it be after regular business hours Monday through Friday, or a weekend, you may leave a message.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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