



Cancellation / No Show Policy For Doctor Appointments and Surgery

1. Cancellation / No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment schedule. Cancelled appointments / no shows are a major financial burden for this and every medical practice and cannot be tolerated. **If an appointment is not cancelled at least one (1) business day in advance you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company. Chronic cancellations / no shows will result in the patient being discharged from the practice.**

2. Scheduled Appointments

We understand that delays can happen however we must try to keep the other patients and doctors on time. **If a patient is 15 minutes, or more, past their scheduled time, we reserve the right to reschedule the appointment to another day or move the appointment to a later time slot on the same day if the doctor’s schedule allows.**

3. Cancellation / No Show Policy for Surgery

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office.

If surgery is not cancelled at least 10 days in advance you will be charged a seventy-five dollar (\$75) fee; this fee will not be covered by your insurance company.

4. Account Balances

We will require that patients with self-pay balances bring their account balance to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills, or who would like to discuss a payment plan option, may call and ask to speak with a business office representative with whom they can review their account.

Print Name

Signature Patient / Guardian

___/___/___
Date