CANCELLATION / NO SHOW/ LATE ARRIVAL POLICIES AND FEES



(OFFICE USE ONLY)

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement the following policies. These policies will enable us to better utilize available appointments for our patients in need of medical care.

APPOINTMENT CANCELLATION/NO SHOW POLICY

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 your 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" schedule.

If you need to <u>"cancel your appointment"</u>, we require that you call within a 24 hour working day in advance. Appointments are high in demand, and your early cancellation will give another patient the possibility to have access to timely medical care.

A <u>"no show"</u> is someone who misses an appointment without canceling it within a 24 hour working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

How to Cancel Your Appointment

To cancel an appointment you may call or email your office.

PATIENT ACCOUNT NUMBER

LATE ARRIVAL POLICY

We understand that delays can happen; however, we must try to keep the other patients and doctors on time. If you are late 15 minutes past your scheduled time, we may have to reschedule your appointment. Please notify the office if you are running late.

FEES

PRINT PATIENT NAME	SIGNATURE/PARENT/GUARDIAN	/ /_ DATE
Disability/FMLA/School Forn	ns to be completed by Doctor - \$25 per form	/ /
• Returned Check Fee \$50		
• Copies of Medical Records Fe	ee (Florida Statutes 395.3025) - \$1.00 per page plus s	hipping cost
• No Show Fee - \$50		
Same Day Appointment Can	cellation Fee - \$35	