****

**LATE TO APPOINTMENT POLICY**

If you are an established patient and you arrive 15 minutes late or more to your appointment you will likely be asked to reschedule unless the physician’s schedule can still accommodate you. Priority will be given to the patients who arrive on time and you may have to be worked in between them. This may mean you will have a considerable wait. If this is not convenient for you, you may choose to reschedule. One or two late patients cause the entire daily schedule to fall behind. This is an inconvenience to everyone. We strive to see every patient as close to their appointment time as possible.

Likewise if you are a new patient and you arrive **at** the scheduled appointment time and not early to complete your forms as instructed and it takes more than 15 minutes to complete the forms and the registration process, you may also be asked to reschedule.

We ask that you please be courteous of your provider’s valuable time and attention. The physicians, office staff, as well as your fellow patients will thank you.

**MISSED APPOINTMENT \ “NO-SHOW” \ SAME DAY CANCELLATION POLICY**

While we make every effort to provide a reminder call at least 24 hours before your appointment, this is a courtesy only and it is **your** **responsibility** to remember you have an appointment. We charge a missed appointment fee to patients who do not keep their scheduled appointment time or who cancel less than 24 hours in advance. For a 15 or 30 minute appointment, the fee is $35.. If this should happen more than twice, a $55 charge will be incurred for the third incident. If the missed appointment is for a procedure, ultrasound, or 45 minute consult, the fee will be $50. If the missed appointment is for an office-based surgery, the fee will be $100. All fees must be paid before a new appointment can be scheduled. After three (3) missed appointments, the practice may at its discretion choose to discontinue your care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date