



## **Cancellation and No Show Policy**

We understand that the situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours notice. This will enable for another person who is waiting for an appointment slot. With cancellations made less than 24 hours notice, we are unable to offer that slot to other patients.

Office appointments which are cancelled with less than 24 hours may subject to a \$25.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as a **NO SHOW**. (3) or more times in a 12 month period, may be dismissed from the practice and may be denied any future appointments. **Patients may also be subjected to a \$25.00 fee for office appointment No Show and \$250.00 fee for procedure No Show.**

The No Show fee are the sole responsibility of the patient and not the insurance and must be paid in full before the patient's next appointment.

We understand that special unavoidable circumstances may cause you to cancel. Fees in this instance may be waived but only with management approval.

Our practice family believes that good Physician/ Patient relationship is based upon understanding and good communication. Questions about cancellation and No Show fees should be directed to the billing Department (803) 773-5227

**Please sign that you have read, understand and agree to this Cancellation and No Show Policy.**

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Today's Date