

HOPE SURGICAL PLLC

CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide more than a 24 hour notice. This will allow for another patient who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made with less than a 24 hour notice, we are unable to offer that slot to other patients.

Office appointments which are cancelled with less than a 24 hour notice may be subject to a \$25.00 cancellation fee. Procedure cancellations require a 5-7 business day advance notice and without notification they may be subject to a \$100.00 cancellation fee.

Patients who do not show for their appointment without a call to cancel an office appointment or procedure, will be considered as a NO SHOW. Patients may also be subject to a \$50.00 fee for office appointment NO SHOW or \$100.00 procedure NO SHOW fee.

NO SHOWS:

First occurrence: Patient will be sent a letter or called. No fine is assessed.

Second occurrence: Patient will be charged a \$50.00 fee (office visit) or \$100.00 fee (procedure).

Third occurrence: Patient will be discharged from the practice.

The cancellation and NO SHOW fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that special, unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician/patient relationships are based upon understanding and good communication. Questions about cancellation and NO SHOW fees should be directed to the office manager.

Please sign that you have read, understood and agreed to this cancellation and NO SHOW policy.

_____ Date of Birth _____

Patient Name (Please Print)

Signature of Patient or Patient Representative

Today's Date