



[www.atlantaperinatal.com](http://www.atlantaperinatal.com)

## **Cancellation and No Show Policy Effective July 1, 2013**

### ***Appointments***

Office visits are by referrals only please. The receptionist may ask about the nature of the patient's your illness or the reason for your visit. This helps us schedule the physician's time more efficiently. **Established Patients should arrive 15 minutes early or new patients should arrive 30 minutes early for their appointment.** Patients who are late for any appointment may be asked to reschedule at the physician's discretion or will be worked back into the schedule. Patients should ALWAYS bring their insurance cards and identification cards to every visit.

### ***Cancellations***

If a patient is unable to keep an appointment, we ask that they cancel at least 24 hours in advance. If this is not possible, call as soon as you can so that another patient can be given your appointment time.

### ***Late Cancellations:***

Late cancellations will be considered a "no-show" and will be billed a \$25.00 cancellation fee will be charged if the appointment is not cancelled within 24 hours.

### ***Missed Appointments (Non-Cancelled)***

We understand that occasional missed appointments can occur for a variety of reasons. When you miss an appointment without canceling, someone else who could have been seen in your place is delayed unnecessarily. We track missed (non-cancelled) appointments. A "No Show/Late Cancellation" is defined as missing an appointment without cancelling at least 24 hours before scheduled time. There will be a charge of \$25.00 for a missed or non-cancelled appointment.

Insurance will not cover charges for no show/late or late cancellation fees. This charge is in addition to any other charges the patient may have incurred. Repeated missed appointments may result in the physician sending a letter discharging to the patient from the practice. We will offer 30 days of emergent care only and transfer the patient's medical records when they find a new physician.

### **Acknowledgement of Cancellation/ No-Show Policy:**

A "no-show" is someone who misses an appointment without canceling in 24hours of the scheduled appointment. The late-cancellations or "no-shows" will be billed a \$25.00 cancellation fee.

I acknowledge that I have read the above notice and understand that if I fail to give the required notice of cancellation, I will be billed a \$25.00 cancellation fee.

***\*\*\*NO CHILDREN WILL BE ALLOWED during the patient's office visit due to medical liability and risk. If patients bring children to the appointment, they will be rescheduled and a cancellation fee charged.***

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Print Name

Signature

DOB

Date