



www.atlantaperinatal.com

Cancellation and No Show Policy

Appointments

Office visits are by referrals only please. The receptionist may ask about the nature of the patient's 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 your 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 you are unable to keep an appointment, we ask that you please cancel at least 24 hours in advance. If this is not possible, please call as soon as possible.

Late Cancellations:

Late cancellations will be considered a "no-show" and may be billed a \$25.00 cancellation fee.

Missed Appointments (Non-Cancelled)

We understand that occasional missed appointments can occur for a variety of reasons. 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 may 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 the patient from the practice. We will offer 30 days of emergent care only and transfer the patient's medical records once a new physician has been assigned.

Acknowledgement of Cancellation/ No-Show Policy:

A "no-show" is a missed appointment without canceling your scheduled appointment. The late-cancellations or "no-shows" may be subjected to a \$25.00 cancellation fee.

I acknowledge that I have read the above notice. I understand that if I am unable to give the required notice of cancellation, I may receive a bill for the \$25.00 cancellation fee.

Print Name

Signature

DOB

Date