

NO SHOW / CANCELLATION POLICY

EFFECTIVE AS OF 9/1/2015.

Dear patient,

Our goal is to provide quality individualized medical care in a timely manner. "No-shows" and late cancellations inconvenience those individuals who need access to medical care in a timely manner.

Effective September 1, 2015, patients who fail to keep their scheduled appointment or who cancel an appointment with less than 24 hours notice will be considered a "no show" and will be charged a fee of \$25.00. This fee will be charged directly to the patient/ responsible party or guarantor, not the health insurance policy.

If a future appointment is required, you will be seen only after existing accrued "No Show" balance had been paid

I _____ have reviewed the above new policy.

Signature of Patient or Patient Representative

Date

Thank you for your understanding and support.

For UPB Employee Use Only:

Patient would not acknowledge receipt of No Show/Cancellation Policy. Documentation of good faith effort to obtain acknowledgement and reason not obtained:
