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Medical Appointment Cancellation / No Show Policy

Thank you for trusting your care to Bones and Spine Surgery, Incorporated. When you schedule an appointment with Bones and Spine Surgery, Incorporated we set aside enough time to provide you with the highest quality of care. Should you need to cancel or reschedule your appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation / No Show Policy below:

- Effective September 1, 2017 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24-hour notice** will be considered a No Show and charged a **\$25.00 fee**.
- Any established patient who fails to show or cancels/reschedules an appointment with no 24-hour notice a **second** time will be charged a **\$50.00 fee**.
- If a third No Show or cancellation/reschedule with no 24-hour notice should occur the patient may be dismissed from Bones and Spine Surgery, Incorporated.
- Any new patient who fails to show for their initial visit will not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is **due at the time of the patient's next office visit**.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Office Manager. You may contact Bones and Spine Surgery, Incorporated Monday through Thursday from 8:00am-5:00pm or Friday 8:00am-2:00pm. Should it be after our normal business hours please leave a message.

I have read and understand the Medical Appointment Cancellation / No Show Policy and agree to its terms.

Signature (Parent / Legal Guardian)

Relationship to Patient

Printed Name

Date