



UMACO CANCELLATION AND NO-SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that you provide the office more than 24 hours' notice. This enables the availability of the appointment slots to other patients in need of care. **New** patients who cancel less than 24 hours' notice are subject to a cancellation fee of **\$100** and will not be rescheduled until payment is made. **Established** patients who cancel less than 24 hours' notice are subject to a cancellation fee of **\$75** for physician appointments, and all patients are subject to a cancellation fee of **\$100** for imaging procedures.

Patients who do not show up for their appointment without notice to the office, will be considered a **"NO SHOW"** and are subject to the **fees listed above** (patients with Medicaid are excluded however the No Show will be documented with their insurance company). Patients who No show two or more times will receive a No Show Letter emphasizing the importance of keeping scheduled visits and the ramifications of failing to keep future appointments. Patients who continue to No Show after receiving the No Show initial letter, are subject to be discharged from the practice and will be denied any future appointments.

Both the Cancellation and No-Show fees are the patient's sole responsibility and must be **paid in full before** the next appointment. We understand that unavoidable circumstances may cause you to cancel less than 24 hours prior to your appointment; therefore, fees in these instances may be waived per our management discretion. Our practice firmly believes that good physician/ patient relationships are based upon understanding and clear communication.

Please sign below acknowledging that you have read, understand and agree to the Cancellation and No-Show terms above.

Patient Name (Please Print)

Date of Birth

Signature of Patient or Patient Representative

Date

