



1907 South College Street, Suite 201
Auburn, AL 36832
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New Patient/Referral Fax: 334-275-4466

NOTICE OF NO SHOW/ LATE CANCELLATION POLICY

New Patients

Due to an increased volume of no-shows and late cancellations of new patient appointments, we are now charging a \$50 fee for appointments that are missed without 24-hour notice and appointments that are canceled within the 24 hours prior to the scheduled appointment time.

Co-payments or coinsurance amounts must be paid at the time of service.

Uninsured new patients are required to pay the \$250 new patient fee before seeing the physician.

Established Patients

Established patients must submit payment for outstanding balances before seeing the provider. Arrangements can be made with the billing department if necessary.

A \$50 no-show/ late cancellation fee will be applied to all follow-up visits that are not canceled within 24 hours of the scheduled appointment time. The fee must be paid prior to rescheduling.

If a patient no shows 3 times in a calendar year, they will be discharged from the practice.

Infusion Center Patients

All infusion therapy appointments must be canceled with a 24-hour notice. A \$50 late cancellation fee will be applied to all infusion appointments missed without 24-hour notice and appointments that are not canceled 24 hours prior to the scheduled appointment time.

Patient Name (Print) _____

Patient Signature _____