



Account # \_\_\_\_\_

## MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to OB-GYN Associates. When you schedule an appointment with OB-GYN Associates, we set aside enough time to provide you with the highest quality care. Should you need to cancel or rescheduled an appointment please contact our office as soon as possible, and without one full business days' notice 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 March 1, 2022 any established patient who fails to show or cancels/reschedules an appointment and without one full business day's notice will be considered a No Show and charged a \$50.00 fee.
- Any established patient who fails to show or cancels/reschedules an appointment without one full business days' notice a second time will be charged a \$65.00 fee.
- If a third No Show or cancellation/reschedule without one full business days' notice should occur the patient may be dismissed from OB-GYN Associates.
- Any new patient who fails to show for their initial visit may not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is due when billed and prior to the patient's next office visit being scheduled.
- As a courtesy, when time allows, we make reminder calls and text messages 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, who may be able to waive the No Show fee with a physician approval. This policy may not apply where not allowed under regulation or law.

You may contact OB-GYN Associates at the numbers below. Should it be after regular business hours Monday through Thursday, or a weekend, you may leave a message. Messages left are acceptable. OB-GYN Associates (775) 329-6241.

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