

ENDOCRINE SPECIALISTS OF GEORGIA, LLC

MEDICAL APPOINTMENT CANCELLATION/NO-SHOW POLICY

Thank you for trusting your medical care to Endocrine Specialists of Georgia, LLC. Practice. When you schedule an appointment with Endocrine Specialists of Georgia, LLC 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 no later than 48 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 July 10, 2021 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least a **48 HOURS NOTICE** will be charged a “**No-Show Fee.**”
- Any new patient who fails to show for their initial visit will be charged a **\$100.00 fee.**
- Any established patient who fails to show, cancel, or reschedules an appointment and does not provide 48 hours notice will be charged a **\$50.00 fee.**
- If a **third** No-Show or cancellation/reschedule without 48 hour notice should occur the patient may be **dismissed** from Endocrine Specialists of Georgia, LLC..
- The “**No-Show Fee**” will be charged to the patient, not the insurance company. Fee will be due at the time of the patient’s next office visit.
- As a courtesy, when time allows, we make reminder calls for appointments. The “**No-Show Fee Policy**” remains in effect whether or not the patient receives a courtesy appointment reminder call or message.
- An additional **\$5.00** fee will be added for those wishing to be invoiced instead of placing a payment card on file.

You may contact the practice 24 hours a day, 7 days a week at the numbers listed on our website. Should it be outside of regular business hours patient must leave a message.

Email: Endomgr20@yahoo.com (24/7)

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

Printed Name

Signature

Date

CARD NUMBER: _____

EXP DATE: _____

CC 3 DIGIT SECURITY CODE: _____

ZIP CODE: _____

x _____

Signature Authorizing Charges Described Above