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## CANCELLATION / NO-SHOW POLICY

### FOR OFFICE VISITS AND ENDOSCOPY PROCEDURES

We understand that you may need to cancel or reschedule an appointment and/or procedure. To help us accommodate other patients, we kindly ask that you notify us as early as possible if you are unable to keep your scheduled time.

#### Cancellation & No-Show Policy

- **Office Visits:** Please provide at least 24 business hours' notice if you need to cancel or reschedule your appointment. Failure to notify us within this time frame will incur a \$50 fee.\*
- **Endoscopy Procedures:** Please provide at least 72 business hours' notice if you need to cancel or reschedule your procedure. Failure to notify us within this time frame will incur a \$250 fee.\*

\*Note: These fees are not covered by insurance and must be paid in full before rescheduling.

- If a patient misses two (2) appointments or procedures within a 12-month period, they may be dismissed from the practice for "treatment noncompliance."
- We understand that extenuating circumstances may occasionally prevent you from providing sufficient notice. In such cases, fees may be waived with approval from management.

By signing below, you acknowledge that you have read and understand the Cancellation & No-Show Policy for office visits and procedures.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_