



CANCELLATION/“NO SHOW” POLICY FOR OFFICE VISITS AND ENDOSCOPY PROCEDURES

We understand that you may need to cancel your appointment and/or your procedure due to unavoidable circumstances. As a courtesy to our healthcare professionals and to other patients, please notify us of your cancellation as soon as possible. **When you do not call to cancel an appointment or a procedure in a timely fashion, you may be preventing another patient from receiving care...**

Cancellation/ “No Show” Policy for Office Visits

Your appointment time is reserved especially for you. Should you find that you are unable to keep your appointment, please notify our office at least 24 hours in advance. This will allow us to offer your appointment slot to another patient.

- If you fail to show up for your office visit, a \$50.00 fee* will be charged to your account. The same applies to appointments canceled with less than 24 hours’ notice*.
- * This fee is not covered by insurance and must be paid in full prior to rescheduling the missed appointment.
- We understand that extenuating circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived subject to management approval.
- Patients who schedule and fail to keep three (3) appointments in the span of one year may be dismissed from the practice for “treatment noncompliance”.
- All fees will be required to be paid prior to scheduling another appointment.

Late Arrival Policy for Office Visits

If a patient is 10 minutes late for an office visit, the appointment may need to be rescheduled. We will attempt to accommodate, when possible, but cannot compromise on the quality and timely care provided to our other patients. This is completely dependent on the provider’s availability. You may be given the option to wait for another appointment time on the same day, if one is available. Otherwise, the appointment will be rescheduled.

Cancellation/ “No Show” Policy for Endoscopy Procedures

Due to the large block of time reserved for your procedure, last minute cancellations can create access-to-care problems, as well as, significant expenses for the office. If you need to cancel your procedure, please notify our office at least 3 days in advance.

- If you fail to show up for your procedure, or if procedure is not cancelled at least 3 business days in advance you will be charged a \$250 fee*.
- * This fee is not covered by insurance and must be paid in full prior to rescheduling your procedure.
- We understand that extenuating circumstances may cause you to cancel less than 3 days prior to your scheduled procedure. Fees in this instance may be waived subject to management approval.
- Patients who cancel or reschedule the same initial procedure three (3) times may be dismissed from the practice for “treatment noncompliance”.
- All fees will be required to be paid prior to scheduling another Endoscopy procedure appointment.
- Our cancellation lines for procedures are (828) 407-4128 or (828) 350-3665

We accept online requests to reschedule or cancel your upcoming appointments and procedures. This allows you to submit an email directly to our Scheduling Department with a time and date stamp of your request to help avoid a fee. Please visit us online at: <https://www.ncdhp.com/about-us/cancel-appointment>

Please sign that you have read and understand the Cancellation/ “No Show” Policy for Appointments and Procedures.

Patient Name: _____ Date of Birth: _____

Patient Signature/Legal Representative: _____ Today’s Date: _____

*** Complete and bring with you the day of your procedure or office visit.**