



## **Carolina Mountain Gastroenterology**

a division of Digestive Health Partners, P.A.

### **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. If you are unable to keep your reserved time, please notify us as soon as possible to give other patients the opportunity to schedule.

#### **Policy for Cancellation / No-Show**

- ❖ We require at least 24 business hours' notice if you need to cancel or reschedule your office visit. Failure to cancel in the specified timeframe will result in a \$50 fee. \*
- ❖ We require at least 72 business hours' notice if you need to cancel or reschedule a procedure. Failure to cancel in the specified timeframe will result in a \$250 fee. \*

*\* Fees are not covered by insurance and must be paid in full prior to rescheduling.*

- ❖ We understand that extenuating circumstances may prohibit you from giving sufficient notice. Fees in this instance may be waived subject to management approval.
- ❖ Patients who schedule and fail to keep two (2) appointments/procedures in the span of one year may be dismissed from the practice for "treatment noncompliance".

Please sign that you have read and understand the Cancellation / No Show Policy for appointments and procedures.

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

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