



### **Cancellation/Missed Appointment Policy for Office Appointments**

Due to the increased number of missed and/or canceled office appointments, the office has found it necessary to charge a \$25.00 fee if 24 hours notice is not given.

This will be due prior to rescheduling your appointment.

### **Cancellation/Missed Appointment Policy for Procedures**

Due to the increased number of missed and/or canceled procedure appointments, the office has found it necessary to charge a \$50.00 fee if 48 hours is not given.

This will be due prior to rescheduling your procedure.

It is of the utmost importance that you cancel and/or reschedule with the procedure scheduler.

### **Acknowledge of Receipt**

I acknowledge that I have read and understand Florida Medical Clinic Gastroenterology's cancellation and/or missed procedure policy.

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Patient Name

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Patient/Guardian Signature

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Date