



METROPLEX FOOT AND ANKLE, L.L.P.

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Board Certified Podiatric Surgeons
Diplomates, American Board of Podiatric Surgery
Fellows, American College of Foot and Ankle Surgeons

MISSED AND LATE APPOINTMENT POLICY

Cancellation Policy:

To notify patients of a financial penalty for failure to cancel a scheduled appointment our office will document in the electronic medical record when a patient no shows for an appointment or cancels an appointment on short notice.

Failure to give 24-hour notice of cancellation of an appointment or no-showing for an appointment will result in a charge of \$50.00 to the patient's account. This charge cannot be billed to the insurance company. Medical care will not be withheld for a medical emergency. All fees must be paid before a new appointment can be scheduled. After three (3) missed appointments, the practice may at its discretion choose to discontinue your care.

Late Arrival Policy:

Please note that if you are 10 minutes late for your scheduled appointment you may be asked to reschedule.

Procedure:

CHECK **ONE** BOX. **SIGN & DATE** BELOW.

YES. I understand the Missed and Late Appointment Policy.

I have been informed that a \$50.00 charge will be applied to my account when I miss appointments without giving proper notice. I understand that this charge cannot be billed to an insurance company. I agree to be personally and fully responsible for payment.

NO. I have decided not to receive services.

Patient Name (Please print) _____ **Date** _____

Signature of Patient, Parent or Legal Guardian _____

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