

TO OUR VALUED PATIENTS

We strive to give all our patients the best quality of care possible. When you schedule an appointment with one of our physicians, we reserve this time for you.

It is essential that you are involved in your care, starting with your reserved appointment time. Our office policy requires at least a 24-hour advance notice of appointment cancellation or reschedule. Unless we receive adequate notice, a charge will be made to your account in the amount of \$25 for an office visit and \$50 for a procedure (colonoscopy or EGD). This fee is not covered by your insurance and is your responsibility.

Please note that our answering service cannot reschedule appointments or accept cancellations. Our operators are available Monday through Friday 8:30 am to 4:30 pm to address your scheduling needs.

By signing below, you agree to abide by the office policy listed above and said charges for missed or late cancelled appointments.

We thank you for your consideration and understanding in this matter.



Patient Name (Please Print) _____

Patient Signature _____ Date _____