



Dr. Michael F. Perry MD FACOG

APPOINTMENT CANCELLATION POLICY

YOUR APPOINTMENT TIME IS IMPORTANT TO YOU, YOUR PHYSICIAN AND TO OTHER PATIENTS WHO ARE IN NEED OF OUR SERVICES.

IF YOU CANNOT KEEP YOUR APPOINTMENT FOR ANY REASON, PLEASE CONTACT OUR OFFICE WITHIN 24 HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT TIME. IF YOU DO NOT SHOW FOR YOUR APPOINTMENT, A FEE OF \$50 WILL BE CHARGED TO YOUR ACCOUNT. IF YOU CANCEL YOUR APPOINTMENT WITH LESS THAN 24 HOURS NOTICE, YOU WILL BE SUBJECT TO A \$25 FEE.

YOU WILL BE PERSONALLY RESPONSIBLE FOR THIS CHARGE. THIS CHARGE WILL NOT BE BILLED TO NOR PAID BY YOUR INSURANCE COMPANY. **FUTURE APPOINTMENTS WILL NOT BE SCHEDULED UNTIL THIS FEE IS PAID!**

PLEASE HELP US TO KEEP THE SCHEDULING OF APPOINTMENTS FAIR FOR EVERYONE. IN ADDITION, PLEASE HELP THE SCHEDULE RUN ON TIME BY ARRIVING AT LEAST **15 MINUTES PRIOR TO** YOUR SCHEDULED APPOINTMENT TIME TO ALLOW FOR INSURANCE VERIFICATION AND ANY ADDITIONAL PAPERWORK.

THANK YOU

PATIENT SIGNATURE

PRINTED NAME

DATE