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# Comprehensive OBGYN Care

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A division of Southern New England Healthcare for Women, LLC

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A Michael Coppa M.D.

Jeiny Zapata APRN

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## Attention All Patients!

### No Show Policy

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

By signing this document, you understand and will abide by the policy that Comprehensive OBGYN Care has for missed appointments. The No Show Policy encompasses that if a patient needs to reschedule or cancel a scheduled appointment, the patient is responsible to do so with at least a 24 hour notice. If you, the patient, do not give a 24 hour notice or if you do not show up to your scheduled appointment, you are subject to be charged a \$50.00 No Show fee for a missed appointment or procedure.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date