

# *Pediatric Endocrinology of New York PC*

## **CANCELLATION AND NO SHOW POLICY**

It is requested that if you need to cancel your appointment you must provide 24 hours' notice. This will enable us to schedule another patient in that appointment slot. Office appointments which are cancelled with less than 24 hours notification will be subject to a **\$50.00** cancellation fee. Patients who do not show up for their appointment without a call to cancel will be considered as **No Show**. The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. We understand that Special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval. Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication.

**Please sign that you have read understand and agree to this Cancellation and No show Policy.**

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Patients Name

Signature

Date