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Cancellation and No Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours' notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hours' notice, we are unable to offer that slot to other people.

Office appointments which are cancelled with less than 24 hours' notification may be subject to a **\$35.00** cancellation fee. Procedure cancellations require 5-7 business day notice, without notification they may be subject to a **\$150.00** cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as **NO SHOW**. Patients who No-Show two (2) or more times in a 12-month period, may be dismissed for the practice thus they will be denied any future appointments. Patients may also be subject to a **\$35.00** fee for office appointment No Show and **\$150.00** procedure No Show fee.

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 circumstance 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 physicians/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.

Date of birth _____

Patient Name (Please Print)

Signature of Patient or Patient Representative

Date

