



STEVEN S. WREGE., D.P.M., D.A.B.P.S  
SHARON W. KOBOS, D.P.M., D.A.B.P.S

BRENT A. FRAME., D.P.M., D.A.B.P.S  
DANIEL L. PETERSON, D.P.M., A.A.C.F.A.S.  
SARA E. GRZYWA., D.P.M., D.A.B.P.S

## MISSED APPOINTMENT CONTRACT

**Patient Name** \_\_\_\_\_

In order to serve you better and keep the cost of medical care down, we strive to maintain an efficient appointment system. However, our cost of providing care increases significantly when patients fail to keep their scheduled appointments without providing adequate notice.

Your signature below denotes your agreement to provide a minimum of 24 hours' notice to FASNМ in the event of cancellation, although more notice is certainly always appreciated. Please be advised that FASNМ reserves the right to assess a \$25 Missed Appointment Fee for each occurrence in order to hold your next appointment.

We value our patients and sincerely appreciate your understanding and cooperation with our policy.

\_\_\_\_\_ **Date** \_\_\_\_\_

**Above-Named Patient Signature**

5111 JUAN TABO NE ALBUQUERQUE, NM 87111  
(505) 271-9900 FAX (505) 271-0217  
Direct Secure Emails: FASNМ.Referrals@direct.fasnm.nmhc.org