

Canceling Numerous Appointments Policy

Patient Name _____ Date _____
DOB _____

Dear Patient,

For your future visit with us we have blocked numerous time slots. We ask that you please give us a minimum of 48 hours notice if you need to reschedule your appointments.

We are instituting a new policy regarding patients missing appointments without prior notice. There will be a \$25.00 charge for each untimely cancellation of an appointment. Please be aware there are some instances in which three (3) appointment slots are scheduled for the same day. If all of the appointments are missed, the total charge will add to \$75.00.

It is unfortunate we must implement this policy, but the occurrence of patients missing appointments without proper notification has become a significant burden on the practice. We apologize for any inconvenience and thank you for your cooperation.

Sincerely,

P. Frank Ronen, M.D. P.A.

I acknowledge notification and understand this policy.

Signature

