



1740 South Street STE 400, Philadelphia, PA 19146
Tel 267-607-6888 Fax 267-393-4310

Appointment Policy

Effective: February 1, 2019

◆ LATE ARRIVAL

As a courtesy, an appointment reminder call to you is made/attempted one 1-2 business day prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

If you arrived 15 minutes past your scheduled time we will have to reschedule the appointment. When you schedule an office visit with us, we expect you to arrive at our practice 10-15 minutes prior to your scheduled visit. This allows time for you and our staff to address any insurance or billing questions and/or to complete any necessary paperwork before the scheduled visit.

◆ REFERRAL

If your insurance requires a referral from your primary care physician in order to see a specialist, you are responsible to obtain the referral prior to your appointment. You can contact your insurance or PCP to find out if you need a referral. **If you do not have a valid referral on the date of your appointment, we will have to reschedule the appointment.**

◆ CANCELLATION/NO SHOW POLICY FOR DOCTOR APPOINTMENTS

We understand there may be times when an emergency occurs and you may need to cancel or reschedule your appointment. If you are unable to keep your appointment, please call us as soon as possible (with at least 24 hours notice) . This gives us time to schedule other patients who may be waiting for an appointment.

If an appointment is not cancelled at least 24 hours in advance, it will considered a No Show and you will be charged a \$25.00 fee. If you accumulate 3 or more No Shows within a year, you may be dismissed from our practice. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee.

◆ CANCELLATION/NO SHOW POLICY FOR SURGERY APPOINTMENTS

Surgical appointments required more time and expense from the doctor and the hospital. **If surgery is not cancelled at least 7 days in advance, you will be charged a \$250.00 No Show/Cancellation fee.** If cancelled by the surgeon as medical necessity, then the patient is not subject to this charge. Insurance authorization denials are also an exemption of the fees. In the event of an actual emergency and prior notice could not be given, consideration will be given, please contact your surgical scheduler as soon as possible.

◆ No Show/Cancellation fees are not covered by the insurance and is the sole responsibility of the patient.

I have read and understand the Appointment Policy and agree to its terms.

Print Patient Name

Signature (Patient/Legal Guardian)

Date