PATIENT PRINT NAME: _____DOB:_____

Patient Acknowledgement
Appointment Cancellation Policy

A cancellation made with less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need. Therefore, Town Center Medical Services, LLC dba Advanced Family Practice or Advanced Medical Center Gastroenterology has instituted an Appointment Cancellation Policy:

Patients are required to provide our office a 24-hour notice in the event that you need to cancel or reschedule your appointment. This will allow us the opportunity to provide care to another patient. Our office can be reached Monday – Friday 7am to 10pm; Saturday & Sunday 9am to 7pm.

1. A "No-Show", "No-Call" or missed appointment, without proper 24-hour notification, may be assessed the following fees:

Family Practice Office Visit	$25
Specialty Office Visit	$50
Procedure Appointment	$100

2. This fee is not billable to your insurance.

3. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled. The applicable fee may be assessed to patient.

4. As a courtesy, we make reminder calls, for appointments, one to two days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.

5. Repeated missed appointments may result in termination of the physician/patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the clinic.

_____ _____
Patient/Guardian/Guarantor Signature Date

_____
Patient's Printed Name