Advanced Medical Center

Advanced Family Practice

Patient Acknowledgement
Appointment Cancellation Policy

Patient Print Name: _____ DOB: _____

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 has instituted an Appointment Cancellation Policy:

Patients are required to provide our office with 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 at 386-481-6690. Please leave a detailed message if an employee is unable to answer your call.

1. A "No-Call", "No-Show" or missed appointment, without proper 24 hour notification, may be assessed with a **$35** fee.
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 the 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.

Forms & Letters

It is the goal of the providers and staff to accommodate as many requests as possible in an accurate and timely manner. Form completion is not covered by your insurance company and the patient may be required to schedule an office visit or pay a **$25** fee.

1. Blank forms will not be accepted. Personal information must be completed.
2. Please allow 7 business days for form completion.
3. Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out.
4. Many forms require a current examination prior to being completed so the patient may be required to have an office visit.
5. The charge for review and completion of medical forms is **$25**. **$25** is due when patient picks up the completed forms.
6. **$25** fee is required for letters written by a provider. This does not include a school or work note at the time of the visit. Notes requested at a later date will incur a **$25** fee.
7. **$25** fee for FMLA forms to be completed. These completed forms are not faxed or mailed. It is the patients' responsibility to submit the completed forms.
8. If you are requesting a copy of your medical records, please call the office for pricing details and allow 7 business days for your request.

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: _____

Patient's Printed Name: _____ Date: _____