**Advanced Urology Institute**
RAMOS, HEALEY, BEISWANGER, EISENBROWN, JENKINS, HITT, JAMES WILKINS, PA-C,

80 Doctors Drive – Panama City, FL. 32405 – Phone 850-785-8557 – Fax 850-785-1123

625 W. Baldwin Road, Suite 1 – Panama City, FL.32405

**Cancellation Policy / No Show Policy
 for Doctor Appointments and Surgery**

1. *Cancellation/ No Show Policy for Doctor Appointments*

 We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call or cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book.

 **If an appointment is not cancelled at least 24 hours in advanced you will be charges a twenty five dollar ($25) fee; this will not be covered by your insurance.**

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.  **Patients who NO-SHOW three (3) or more times in a 12 month period may be dismissed from the practice thus they will be denied any future appointments.**

1. *Scheduled Appointments*

 We understand that delays can happen, however, we must try to keep the other patients and doctors on time.

 **If a patient is 15 minutes past their scheduled time we may have to reschedule the appointment.**

1. *Cancellation / No Show Policy for Surgery*

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office.

 **If surgery is not cancelled at least 3 days in advance for minor surgery and 7 days in advance for major surgery, you will be charged a seventy five dollar ($75) fee; this will not be covered by your insurance company.**

1. *Account balances*

We will require that patients with self-pay balances do pay their account balances to zero (0) prior to receiving further services by our practice.

 Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns.

 Patients with balances over $100.00 must make payment arrangements prior to future appointments being made.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Print Name Patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Patient / Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Today’s Date Patient Account # (Office Use)