

## North Seminole Family Practice

### **NO SHOW FEE**

In order to provide our patients with the best possible care and in a timely fashion it is important that you notify the office if you do not intend on keeping your scheduled appointment.

Please call the office to cancel appointments and give a **24 hour notice** minimum before your appointment so that we may offer that time slot to another patient.

Your account will be charged a no-show fee in the amount of **\$25.00 (twenty-five dollars)** for any appointment not kept or not cancelled within the 24 hour minimum. This fee will be due and payable prior to being seen in the office again.

### **ULTRASOUND POLICY**

To better serve the needs of our patients, we offer ultrasounds/sonograms in our office on Tuesdays & Thursdays. However, these diagnostic tests are performed by an outside diagnostic company (Cardiovascular Sonographers). All billing for the procedures is done in-house and we pay CVS per study.

In order to secure their services, we are forced to maintain a minimum patient level. Due to this agreement, any patient who is scheduled for an ultrasound must give us a minimum of **72 hours** advance notice to cancel or reschedule an appointment.

If you fail to provide adequate notice, you will be assessed a **\$50 dollar fee** to offset the cost to us.

If you have any questions concerning this policy, please contact our office for clarification at (407) 333-2273 ext. 112.

Please sign below & a copy of your signature will be kept on file within your personal chart. Thank you!

**Patient Name**  
**(PRINT)**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_