

CANCELLATION/MISSED APPOINTMENT POLICY

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement an appointment cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

Cancellation of an Appointment:

In order to be respectful of the medical needs of other patients, please be courteous and call Respiratory Consultants of Georgia promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment we require that you call at least 24 hours in advance; and calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment:

To cancel appointments, please call 678-721-0705. If you do not reach the receptionist you may leave a detailed message on the voice mail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

Late Cancellations:

Late cancellations will be considered as a "No Show".

No Show Policy:

A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. "No shows" inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". A "no-show" will result in a fee of \$25.00 billed to the patient's account. This fee will need to be paid prior to being seen at their next scheduled visit. If the patient "no shows" more than one time in the same calendar year, then the fee will be increased each time by \$25.

By signing this document, I _____ have fully read and understand the cancellation policy for Respiratory Consultants of Georgia. I understand that the terms of this cancellation policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for all services rendered

Printed name of patient/parent/guardian

Signature of patient/parent/guardian

DATE: _____