



Patient \_\_\_\_\_ DOB: \_\_\_\_\_ Acct #: \_\_\_\_\_

## CANCELLATION AND NO-SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours' notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hours' notice, we are unable to offer that slot to other people.

Office appointments which are cancelled with less than 24 hours notification may be subject to a **\$40.00** cancellation fee. Procedure cancellations require 5-7 business days advance notice, without notification they may be subject to a **\$100.00** cancellation fee.

Patients who do not show up for their appointment without a call to cancel their office appointment or procedure appointment will be considered a **NO SHOW**. Patients who No Show and/or Cancel three (3) times in a 12-month period may be dismissed from the practice. Thus they will be denied any future appointments. Patients may also be subject to a **\$40.00 fee for office appointments and \$100.00 office procedure No Show fee**.

The Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

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.

Our practice firmly believes that a good physician/patient relationship is based on understanding and good communication. Questions about cancellation and no-show fees should be directed to the Billing Department (717-243-8606).

**Please sign that you have read, understand and agree to this Cancellation and No-Show Policy.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Responsible Party's Signature

**DAVID LEIGH HARTZELL MD  
RADHIKA PATEL OD**

37 BROOKWOOD AVENUE | CARLISLE, PA 17015 | 717-243-8606 | HARTZELLEYE.COM