

MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to North Branch Dermatology. When you schedule an appointment with North Branch Dermatology we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 48 hours prior to your scheduled appointment. This allows us time to schedule other patients who may be waiting for an appointment. Please see our Cancellation/No Show Policy below:

- Effective January 1st 2023 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours' notice** will be considered a No Show and charged a **\$25.00 fee**.
- Any established patient who fails to show or cancels/reschedules an appointment without a 24 hour notice a **second** time will be charged a **\$50.00 fee**.
- If a **third** no show or cancellation/reschedule occurs without a 24 hour notice, the patient may be **dismissed** from the practice
- Any new patient who fails to show for their initial visit **will not** be rescheduled
- The fee is charged to the patient, not the insurance company. **Any no show fees must be paid prior to our scheduling any future office visits.**
- As a courtesy, we have a service that may text, call or email reminders for an appointment. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency or illness occurs and you may not be able to keep your scheduled appointment. If you experience extenuating circumstances, please contact our Office Manager, who may be able to waive the No Show Fee. You may contact North Branch Dermatology during regular office hours to notify us if you need to cancel or reschedule. You may, if after hours, go to our website: www.northbranchdermatology.com and send a message to the office or call our office at:

North Branch Dermatology 773-763-6000

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature of Patient/Parent/Legal Guardian

Relationship to Patient

Printed Name

Date