



Paragon Medical Building, Suite 208
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Appointment – Late Cancellation/No Show Policy

We understand that sometimes you will need to cancel your appointment with us. Please contact our office within 24 hours before your appointment should you need to cancel to avoid a \$25.00 cancellation fee (not covered by your insurance company).

Procedure – Late Cancellation/No Show Policy

Out of respect for other patients waiting to have endoscopy and colonoscopy procedures done, we ask that you cancel your scheduled appointment 7 days in advance should you need to cancel. Failure to do so 7 days in advance, will result in a \$100.00 cancellation fee (not covered by your insurance company). This fee will need to be paid prior to your appointment being rescheduled.

All incurred fees must be paid prior to your next appointment with VIGI, LLC.

I, _____, have read and acknowledge receipt of the VIGI, LLC cancellation policy and agree to pay all fees incurred if these policies are not adhered to.

Patient Signature

Date

Print Name