

HIGHGATE MEDICAL GROUP, P.C. "NO SHOW" POLICY

Highgate Medical Group, P.C. is implementing a "no show" policy. A patient will be considered a "no show" if an appointment is missed or cancelled with less than 24 hours notice. When this occurs, our facility loses the opportunity to care for other patients who wish to be seen. If 24 hours notice is not received, a fee of \$40.00 will be charged to your account. This fee is not covered by insurance and is therefore the sole responsibility of the patient.

I, _____ understand and acknowledge that Highgate Medical Group, P.C. has a policy to charge me a \$40.00 fee if I fail to show up for a scheduled appointment. I agree to pay this fee if necessary, and understand I will be unable to schedule future appointments until the fee is paid. It is therefore my responsibility to keep track of the appointments I schedule, and is not the facility's job to notify me of upcoming appointments.

Responsible Party's Signature

Today's Date