

46 North Street, Suite 6 Hyannis, MA 02601 P: 508-778-4888 F: 508-778-4887

No Show / Same Day Cancellation Policy

Your appointment is important to us and to your health. If you miss an appointment, you may delay the treatment you need. You may also have to wait longer than you would like for a new appointment date. We do not want to keep you waiting, but our doctors are heavily booked and may not be able to reschedule you immediately.

Due to the number of patients waiting for appointments at our office, it is very important that you keep each appointment. We ask each patient to arrive 15 minutes prior to your scheduled appointment time, we do our very best to have the doctor or technician see you at your scheduled appointment time and provide you with the best care possible.

We understand that situations arise in which you must cancel your appointment. In consideration of others, we request that you call our office 24 hours in advance to cancel or reschedule your appointment to avoid the following charges (\$25 office visit/holter monitor/ETT, \$75 echocardiogram, \$250 nuclear stress test). Situations such as medical emergencies occasionally arise, when an appointment cannot be kept and adequate notice is not able to be given, these will be considered on a case by case basis. Keep in mind most appointments are made months in advance, our office does provide appointment reminder calls two days prior to appointment, but this is a courtesy, ultimately remembering the appointment is the patients responsibility.

If you fail to keep an appointment without notifying the office in advance on three occasions, consecutive or otherwise, you will be dismissed from the practice. Please note: Same-day cancellations are also considered no shows.

| We greatly appreciate your understanding a | and cooperation with this policy. |
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| My signature below indicates that I have rea | ad the above policy and that I understand it. |
| Patient name: | Date of Birth |
| Patient/Guardian Signature: | Date: |