

## LUBBOCK GASTROENTEROLOGY CANCELLATION/NO SHOW OFFICE POLICY PLEASE READ CAREFULLY

Thank you for trusting your medical care to Lubbock Gastroenterology. When you schedule an appointment with Lubbock Gastroenterology, we set aside enough time to provide you with the highest quality of care. Should you need to cancel or reschedule an appointment or procedure, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This will give us time to schedule another patient who may be waiting for an appointment. Our office cancellation/no show policy is below. All credit cards will need to be kept on file.

- When a patient fails to show or cancels/reschedules their appointment without at least 24-hour's notice will be considered a **NO SHOW** and will be charged a **NO SHOW FEE** of \$25. If a patient cancels on the day of their appointment a **CANCELLATION FEE** of \$25 will be charged/billed to your credit card on file before the appointment is rescheduled.
- Any patient who fails to notify our office at least 24 hours prior to their missed appointment **3 times** will be dismissed from Lubbock Gastroenterology and will need to contact their Primary Care Provider (PCP) for a referral to another gastroenterologist.
- When a patient fails to notify our clinic at least 72 hours prior to a scheduled procedure it will be considered a **NO SHOW**.
- There will be a \$250 charge for those who do not keep their procedure appointment or cancel with less than 72 hours' notice, and a \$350 charge for doubles (Colon & EGD). Procedure slots are very limited and by canceling in a timely manner, you will be helping other patients receive the care they need and deserve. Your procedure will not be rescheduled until the fee is paid in full.
- If a patient confirms their procedure but fails to complete the required prep or purchase the prep as instructed, a \$25 no-show fee will be charged.
- If a patient confirms their procedure that later must be rescheduled or cancelled after confirmation, a \$50 fee will be charged, and an office visit will be required after the 3<sup>rd</sup> reschedule & cancel notice.

I have read and understand the Lubbock Gastroenterology Cancellation/No Show Policy and agree to its' terms.

Signature	Date	
Witness	Date	