

Thank you for trusting your medical care to Specialty Infusion Centers. When you schedule an appointment with Specialty Infusion Centers, 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 24 hours prior to your scheduled appointment. This allows us enough time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below.

POLICY

- Effective September 1, 2022 any established or new 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.
- Any established or new patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice a second time will be charged a \$150.00 fee.
- Any established or new patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice a third time will be charged a \$200.00 fee and can be discharged.
- The fees are charged to the patient, not the insurance company, and are due at the time of the patient's rescheduled visit.
- As a courtesy, we make reminder calls for appointments. If you do not receive a text message or reminder call, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience such extenuating circumstances, please contact our Manager of Intake and Customer Service, who may be able to waive the No Show fee. You may contact Specialty Infusion Centers 24 hours a day, 7 days a week. All voicemails left outside of normal business hours are checked the following day.

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

Signature (Patient/Legal Guardian)

Relationship to Patient

Printed Name

Date