

## **Cancellation/Missed Appointment Policy**

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients in severe pain needing immediate care.

### **Cancellation of an Appointment:**

In order to be respectful of the medical needs of other patients, please be courteous and call the office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

### **How to Cancel Your Appointment:**

To cancel appointments, please call 843-208-2420. If you do not reach the receptionist you may leave a detailed message on the voice mail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

### **No-Show Policy:**

A "no-show" is someone who misses an appointment without calling 24 hours in advance to cancel. "No-shows" inconvenience those individuals who need access to medical care in a timely manner, as well as the physician. A failure to show up at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". The first time there is a "no-show" there will be no charge to the patient. Any additional "no-shows" will result in a fee of \$25.00 for regular appointments and \$50.00 for procedures. A credit card authorization form or \$50 deposit will also be required prior to future appointments. If a patient accumulates 3 "No-shows", he or she may be asked to leave the practice.

### **Cash Only:**

If you are uncomfortable using a credit card, following your first "no-show" a \$25.00 cash deposit will be required to schedule future appointments and a \$50.00 cash deposit will be required prior to procedures. This amount will be applied to your bill on the day of the appointment and any remaining balance will be refunded at this time. No checks.

### **Late Cancellations:**

Late cancellations will be considered as a "no-show". Exceptions will only be made in extraordinary circumstances. Cancellations made more than 24 hours in advance of your scheduled appointment time will not be assessed a cancellation fee.

I understand this policy and authorize Lowcountry Spine & Sport to assess cancellation and no show fees according to the above outlined policy to the credit card listed below.

---

Patient (or responsible financial party)

---

Signature Date

---

Printed Patient Name

Credit Card Information: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_