**Ogeechee OB-GYN**

**Appointment Cancellation and No-Show Policy**

**Acknowledgement**

**(Updated 08/01/2022)**

Because quality care for our patients is our priority, Ogeechee OB-GYN requires review and acknowledgment of our policies below.

1. **Missed Appointments-**We understand that there are times when you must miss an appointment due to emergencies or unforeseen work or family obligations. However, when you do not call to cancel an appointment, you may be preventing another patient from receiving much needed treatment. We require 24-hour advance notice if you are unable to keep a scheduled appointment. If an appointment is not cancelled at least 24 hours in advance, you will be charged a **$50.00 no-show fee**. This fee is not covered by insurance or Medicaid, and you will be responsible for paying the balance in full before you are able to be rescheduled. Note: After three (3) no-show/missed appointments, you may be dismissed from the practice.
2. **Scheduled Appointments-**We understand that delays may happen on the day of your scheduled appointment. Because we make every effort to keep the patients and providers on schedule, it is imperative that you arrive at your scheduled appointment time (or 15 minutes early to complete paperwork). Arriving late to your scheduled appointment causes the providers and timely patients to be pushed behind. If you arrive fifteen (15) minutes past your scheduled appointment time, we reserve the right to reschedule your appointment.
3. **Surgery Schedules-**Due to the large block of time needed for surgery, last minute cancellations can cause added expenses and additional work for the office. We require ten (10) day advance notice if you decide to cancel your surgical procedure. **If you fail to cancel surgery within the required time frame, fail to show up for the scheduled procedure, or show up late for a scheduled procedure you will be charged a $150.00 fee. This fee will not be covered by insurance or Medicaid, and you will be responsible for paying the fee.** Showing up late for a scheduled surgery may result in your procedure being cancelled and it may only be rescheduled on a case-by-case basis. Missing a scheduled surgery may result in discharge from the practice.
4. **Account Balances-**We will require that patients who are uninsured/self-pay bring a minimum payment of $250.00 for their first appointment. Due to insurance contracts, we must collect **ALL** **CO-PAYMENTS and COINSURANCE**. Payment will be collected PRIOR to services being rendered. **If you do not have your co-payment, your appointment will be rescheduled.** Accounts with balances will be collected at each appointment. Unpaid account balances greater than sixty (60) days will be turned over to an outside collection agency. **If your balance is over $100.00, you must make payment arrangements prior to future appointments being made.**

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**Patient Name Birthdate**

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**Patient Signature/Guardian Signature Date**

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**Witness Name/Signature Date**