

Patient Missed Appointment Policy

Patient Name: _____ Patient DOB: _____

In fairness to the large number of patients requesting the care of Anesthesia Pain Consultants of Indiana, our office policy states that if two appointments are cancelled with less than a 24 hour notice, the office will not be able to reschedule your appointment. If a patient would like to appeal this decision, they will need to contact the office manager. The issue will be discussed with the physician. Each appeal will be handled on a case by case basis.

I agree to notify the office of Anesthesia Pain Consultants of Indiana a minimum of 24 hours prior to my scheduled appointment if I am unable to keep my appointment time.

A fee of \$50.00 will be charged for each missed appointment and appointments that are not cancelled 24 hours prior to the scheduled date and time.

I have read and agree to abide by the Patient Missed Appointment Policy. I understand that I will be financially responsible to pay a \$50.00 fee per occurrence for failure to cancel an appointment 24hrs prior to my appointment date and time or failure to show up for my scheduled appointment without prior notification as outlined above.

Patient Printed Name

Date

Patient Signature

Date