Iris Obstetrics and Gynecology

No Show Policy

____ It is our office policy to charge a **$50.00 no show fee** if an appointment is not cancelled or re scheduled with **> 24 hrs** prior to the appointment time.

_____ If a patient is **more than 15 minutes late** to her scheduled appointment, that is considered no showing to the appointment as well, and the no show fee will also apply.

_____ If a patient **does not show for multiple visits,** she may be discharged from our practice due to non compliance, and will need to seek care at another practice.

_____ If a patient no shows to both ultrasound appointment **and** then the provider appointment, she will be charged $50.00 for each of the individual appointments, meaning a total of **$100.00** will be charged for missing both the ultrasound AND the provider visit.

I,_____ (print patient's name)_____ acknowledge that I have read and understood the no show policy stated above.

Date_____ Patient's Signature _____

Witness Signature: _____