

“NO-SHOW” APPOINTMENT POLICY

Effective August 1, 2018, revised October 13, 2020.

Dr. Alexandridis understands that sometimes you need to cancel or reschedule your office appointment or hospital procedure. **If you are unable to keep your appointment, please call us *as soon as possible*.** As a courtesy, an appointment reminder call to you is made/attempted 1 to 2 business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for the appointment on time. We do our utmost to provide timely and efficient care, so we ask you to extend the same courtesy.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Notify us by **1:00 pm on the business day prior** to your scheduled office appointment or telehealth visit if you need to reschedule.
 - Appointments which are rescheduled or cancelled without this advanced notice will be subject to a **\$35.00 Late Cancellation Fee**.
 - This will be sent to you as an invoice.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - The fee will be collected prior to rescheduling the appointment.
2. If there is no notification, then this is considered a **“No-Show”**.
 - A **\$35.00 No-Show Fee** will be assessed.
 - This will be sent to you as an invoice.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - The fee will be collected prior to rescheduling the appointment.
 - Three “No-Shows” will require a new referral prior to being seen by the surgeon.
3. Reschedule **operations/procedures** with at least **FOUR (4) business days’** notice by calling our office. **Do not** call the hospital. For example, if your operation is on a Tuesday, you will need to notify us prior to 1:00 pm on the preceding Wednesday.
 - A **\$250.00 OR Cancellation Fee** will be assessed for late cancellations or “No-shows” for operations.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - This will be invoiced and collected prior to rescheduling the operation/procedure.
4. Late arrivals are considered arrivals more than 15 minutes after the appointment time.
 - Office appointments or telehealth visits will be rescheduled.
 - Hospital will be accommodated or rescheduled at the discretion of the operating room staff.

I have read and understand Dr. Alexandridis’ “No-Show” Appointment Policy and understand my responsibility to plan appointments accordingly and notify the office appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Today’s Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient

