



THOMAS A. DURNELL, MD

Womencare Associates

Dedicated to excellence in Women's Healthcare.

Patient's Name: _____

DOB: _____

APPOINTMENT/CANCELLATION/NO-SHOW POLICY

Welcome to our practice. It is our goal to provide each patient with the highest quality of service in an expeditious manner; therefore, we provide a reserved time slot for each patient to minimize waiting time and assure continuity of care.

In order to provide this service, we require that you call a minimum of 24 hours in advance if you are unable to keep a scheduled appointment. This allows our office to offer that appointment slot to another patient that may otherwise have to wait an extended time for the next available slot.

Patients will be charged a fee of \$20.00 for missed appointment **without the minimum of 24 hours' notice**. This fee will apply to ALL the appointments on our schedule including: Diet Therapy, Lab, Ultrasound and Dr. Visits. The fee will **not** be billed to your insurance company and will be your responsibility. **Patients will be charged a fee of \$150.00 for any surgical No-Show or a cancellation not made at least 72 hours from the surgery time.**

All late cancellations and no-show fees will be documented in your medical record.

Please note that three late cancellations or no-shows, in a rolling 12 month period, may result in your discharge from our practice.

Any patient that is more than 15 minutes late for an appointment may have that appointment cancelled by our office in order to keep other patients on schedule. Please arrive at your scheduled time; if you arrive early you will not be placed ahead of another patient that has arrived at their scheduled time. We do not take walk-ins, please call ahead of time to see if there are any openings.

We appreciate the opportunity to provide your health care needs and are constantly striving to improve our patients' experience. Thank you for your consideration of our staff and other patients.

Patient/Guardian Signature

____/____/____
Date