

Bastrop Medical Clinic, P.A.
195 South Hasler Blvd, Suite B-1
Bastrop, Texas 78602
(512) 308-1555 Office (512) 308-1565 Fax

No Show / Same Day Cancellation Fee

Patient Name: _____
 Last First MI

Date of Birth: _____/_____/_____

It is the policy of "Bastrop Medical Clinic" to optimize the use of physician's clinic time by working to ensure that scheduled time blocks are filled by scheduled patients. Patient guarantors who do not provide the clinic with at least one (1) day- 24 hours notice of cancellation will be charged a \$25 "No Show / Same day cancellation" fee for missing a confirmed appointment. This charge will be collected at the next visit or a statement will be mailed to your home address that was given on the patient demographic form.

Bastrop Medical Clinic has an answering machine for patient's to leave a cancellation message if needed.

Bastrop Medical Clinic physicians reserve the right to discontinue patient care when an established patient misses three (3) confirmed appointment's without providing one (1) day- 24 hours notice of cancellation.

Patients will be notified in writing that a third missed appointment will result in termination of the physician / patient relationship. When a new patient misses two (2) confirmed appointments, that patient will not be able to be seen at our clinic at any future time.

Thank You for your cooperation.

Signature of Patient or Parent /
Guardian: _____
Date: _____