

Two Rivers Family Practice

1231 South Patrick Drive, Satellite Beach, FL 32937

CANCELLATION AND NO-SHOW POLICY

Cancellation Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide more than a **24-hour** notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than a **24-hour** notice, we are unable to offer that slot to other people.

Effective January 1, 2025, office appointments which are cancelled with less than **24-hours** notification **will be** subject to a **\$50.00** cancellation fee. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

No-Show Policy

Patients who do not show up for their appointment without a call to cancel their scheduled office appointment will be considered a **"NO-SHOW"**. **Effective January 1, 2025**, patients will be subject to a **\$50.00 No Show** fee for each office appointment that is marked a **NO-SHOW**. This **"NO-SHOW"** fee is not reimbursable by your insurance company. **Cancellation** and **No-Show** fees are the **sole responsibility of the patient** and must be paid in **FULL** before the patient's next appointment. Patients who No-Show **THREE** (3) or more times will automatically be dismissed from the practice thus they will be denied any future appointments.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no-show fees should be directed to the Billing Department (321-622-5432)

Please sign that you have read, understand, and agree to this Cancellation and No-Show Policy.

Patient Name (Please Print)

Date of Birth

Signature of Patient or Patient Representative

Today's Date

Staff Signature

Today's Date