



Tillery Family Practice Clinic

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TO: TFPC Patients

From: Management

RE: Cancellation & "No Show" Fees

Date: December 2, 2008

Responsible Party's Signature

Dear Patients:

Please be aware that TFPC has a **24 hour Advance Notice Appointment Cancellation Policy.**

If you have an appointment and do **NOT** notify our office <u>24 hrs prior to</u> <u>the scheduled appointment a \$15.00 "cancellation fee" will be assessed</u>. Canceling the day of the appointment constitutes a violation of this policy, therefore the \$15.00 fee will be charged.

Also, if you <u>fail to show up</u> for a scheduled appointment and do **NOT** call 24 hours in advance, <u>A \$20.00 "No Show" fee will be assessed</u>.

NO EXCEPTIONS WILL BE MADE REGARDING THESE POLICIES. PAYMENT IS EXPECTED PRIOR TO THE RENDURING OF SERVICES.

Please be aware that violations of these policies interfere greatly with patient care. When appointments are made and are not kept, other patients needing aid could have filled the slot being utilized by someone who simply fails to show, and/or does NOT call 24hrs in advance.

By signing below I acknowledge that I fully understand the above policies. If	ever I am
in violation of any, I am aware that I am responsible for payment of fees acqui	ired.

Date