



Dominion No-Show and Cancellation Policy

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us and arrive on time.

As a courtesy, and to help patients remember their scheduled appointments, Dominion Orthopaedic & Spine provides appointment reminders via text message 2 days in advance of appointment time and via phone call 24 hours in advance of the appointment time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment.

As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least 24 hours' notice. If you do not cancel or reschedule your appointment with at least **24 hours'** notice, we may assess a **\$60.00** "no-show" service charge to your account.

This "no-show charge" is not reimbursable by your insurance company, or if Lien agreement if applicable. You will be billed directly for it. After three (3) consecutive no-shows, our practice may decide to terminate its relationship with you.

I understand the "No-show" policy of Dominion Orthopaedic and agree to provide a credit card number, which may be charged \$60.00 for any no-show of a scheduled appointment.

Surgery and Procedure No-Shows will assess a fee of **\$250**. I understand that I must cancel or reschedule any appointment at least **24 hours** in advance in order to avoid a potential no-show charge to the credit card provided.

Worker Compensation patients will not incur a No-Show fee for new patient or follow up visits, but your Adjustor will be informed of your No-Show and our provider may determine, if there are consistent No-Shows, to halt the continuity of care.

We appreciate you for making every effort to communicate any issues you have in keeping your scheduled appointments and we will provide the same communication should we need to reschedule your appointment for any reason. We truly value you as our patient and look forward to continuing to serve you.

Print Patient Name: _____

Patient Signature: _____

Date: _____