

MEDCARE
Medical Appointment Cancellation Policy

We strive to provide excellent medical care to you, your family and all of our patients. In order to do so effectively and efficiently, we have developed an appointment system which provides ample time for a patient.

"No-shows" and late cancellations inconvenience those individuals who need access to medical care in a timely manner. In an effort to reduce the number of such occurrences, we have implemented a Medical Appointment Cancellation Policy and it is effective immediately.

Our policy is as follows:

1. We request you give our office a 24 hour notice in the event you need to reschedule your appointment. Our phone number is 706-322-2223.
2. If you miss an appointment and do not contact us with at least a 24 hour prior notice, we will consider this a missed appointment. There is a \$50 charge for missed new patient appointments and a \$25 charge for missed established patient appointments. These charges will be your responsibility and billed directly to you.
3. If you are more than 15 minutes late for an appointment, your appointment will be rescheduled and deemed a missed appointment.
4. Three (3) missed "established patient" appointments or two (2) missed "new patient" appointments within a twelve month period may result in a patient dismissal letter. MedCare will provide emergency care treatment for a period of 30 days from the date of your patient dismissal letter. We will provide a medical release form for your convenience in order to send your medical records to your new physician.
5. Our office makes reminder calls for appointments. ***However, it is ultimately the patient's responsibility to remember their scheduled appointments.***

A missed appointment fee will be billed to you directly and is not covered by your insurance. This balance must be paid prior to your next appointment. If you don't have a scheduled appointment, the balance is expected in a timely fashion and if not, will be subject to collections.

Your signature below acknowledges MedCare's Medical Appointment Cancellation Policy.

Patient's Name (printed)

Patient's Signature

Date

Birth Date