

No Show and Cancellation Agreement

For Faisel M. Zaman, MD, PC

We have had an increasing number of patients who do not come to their scheduled appointments and do not cancel within a reasonable timeframe. This is obviously disruptive of our work and not only does it reduce the number of patients we are able to assist, but it also makes us less punctual as well.

Consequently, we have established this “no show / cancellation policy”. If you will not be able to keep your scheduled appointment, we ask that you call and give us at least 24 hours notice.

If you do not give us sufficient notice, or do not come to your appointment, you will be assessed a \$30 charge. This charge will have to be paid prior to your next visit before you will be seen by the doctor.

If you have some extenuating circumstances that makes it impossible for you to come to your appointment, or to give us notice of your cancellation, please let the staff know of your situation and we will reconsider assessing the “no show” charge on a case by case basis.

Agreed: _____

Patient Signature

Date: _____

Patient Name: _____

MR# _____