



No-Show Policy

Cancellations/No-Shows/Late Arrivals:

We require **24 business hour** notice to cancel or reschedule an appointment. It is considered a No-Show if patient does not arrive for his/her appointment as scheduled, or cancels/reschedules less than **24 business hours** from time of appointment. Patients who No-Show for appointment will incur a No-Show fee.

We will attempt to send an automated appointment reminder 48 hours prior to appointment. Appointment reminders are sent as courtesy and are not guaranteed. It is the patient's responsibility to keep track of his/her appointment. Failure to receive appointment reminder does not exempt the patient from incurring no-show fee.

Patient will incur a No-Show fee of \$80.00 per missed office visit and \$150.00 per missed Biote Pellet Placement Procedure. **No-Show fees are not billable to insurance and are subject to change.**

Per our Financial Policy, No-Show fees will be reflected on the patient's account, and timely payment is expected prior to the next visit. Any unpaid fees or balances are subject to collections.

Excessive no shows or failure to comply with no show policy may result in discharge from the practice.

By signing below, I acknowledge that I have read and understand the Loudoun Internal Medicine Associates No-Show Policy.

Patient Name (Please Print)

Patient DOB

Patient Signature

Date