

Stephen B. Trammell, DO, PA  
Board Certified Family Practice

Cancellation Policy/No Show Policy  
For Scheduled Appointments and Exams

- ***Cancellation/No Show Policy for Scheduled Appointments and Exams***

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you are preventing another patient from scheduling their much needed appointment for treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for an appointment, due to a seemingly “full” schedule.

**If an appointment is not cancelled, by you personally contacting us at least 24 hours in advance or by using RelayHealth.com, you will be charged a \$50.00 fee for a missed appointment; this is not covered by your insurance company. In the event of an actual emergency, and prior notice could not be provided, consideration will be given, and a one time exception may be granted.**

- ***Scheduled Appointments***

We understand that delays can happen, however, we must try to keep the other patients and the physician, as well as the practitioners, on time the best we can. We also understand that after you arrive, you may want to be seen for additional reasons. This request may or may not be granted due to the fact we schedule an allotted amount of time based upon your initial call to the office.

**If a patient arrives more than 15 minutes past the scheduled time, we may need to reschedule the visit based upon our current patient load and those patients that have already arrived for their appointment. If we can fit you back into the schedule, we will be happy to do so. If we have no options, your appointment will be scheduled for another day and time.**

- ***Account Balance***

We will require that patients with self pay balances do pay their balances to zero (0.00) prior to receiving services. We send 5 statements to accounts with balances over \$5.00. We strive hard to keep addresses current, however, it is your responsibility to inform the office of any changes (address, telephone number, email address, name changes, marital status, and/or insurance coverage) that can affect your account. On the 5<sup>th</sup> and final statement, a charge of \$5.00 for statement fees will be accessed. Account balances over \$25.00 are turned over for collection processing. A collection processing fee, equal to 30% of the balance, will be added to the total balance.

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Print name of patient

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Patient/Guardian signature

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Date

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Patient Account number

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Relationship to patient