

Signature

24 Hour Cancellation & "No Show" Fee Policy

Each time a patient misses an appointment without providing proper notice, another patient Is prevented from receiving care. Therefore, Southeast Cardiology Clinic reserves the right to charge a fee of \$50.00 for all missed appointments ("no shows") and appointments which, absent a compelling reason, are not canceled within a 24-hour advance notice.

reason, are not carrected within a 2 1 nour advance not	
"No Show" fees will be billed to the patient. This fee Is n prior to your next appointment. Multiple "no shows" In termination from our practice.	
Thank you for your understanding and cooperation as v patients.	we strive to best serve the needs of all of our
By signing below, you acknowledge that you have receive	ed this notice and understand this policy.
Printed Name	Date