

ENT SURGICAL ASSOCIATES OF CENTRAL GEORGIA, PC
1719 RUSSELL PKWY, BLDG. 300
WARNER ROBINS, GA 31088
478-923-0106

CANCELLATION FEE POLICY EFFECTIVE 01/01/2010

THIS NOTICE IS TO INFORM ALL PATIENTS THAT AS OF JANUARY 01, 2010 IF PATIENT DOES NOT CANCEL THEIR SCHEDULED APPOINTMENT 24 HOURS BEFORE THE APPOINTMENT, THERE WILL BE A \$50.00 FEE APPLIED TO THEIR PATIENT ACCOUNT.

PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS. THIS FEE WILL NOT BE BILLED TO THE INSURANCE POLICY. IT IS THE PATIENT RESPONSIBILITY IN FULL. FEE IS REQUIRED TO BE PAID IN FULL TO SCHEDULE ANY FUTURE APPOINTMENTS.

THIS FEE HAS BEEN ESTABLISHED DUE TO THE AMOUNT OF PATIENTS NOT KEEPING THEIR SCHEDULED APPOINTMENTS AND APPOINTMENT TIMES ARE NOT AVAILABLE FOR OTHER PATIENTS REQUIRING MEDICAL TREATMENT.

PATIENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE