

**CONROE WOODLANDS GASTROENTEROLOGY, P.A.
STEPHEN M. KELLY, M.D.**

CANCELATION AND MISSED APPOINTMENT POLICY

Appointments are made in order to see our patients as efficiently as possible. “*No-Shows*” and “*Late Cancellations*” cause problems that go beyond a financial impact on our practice. When an appointment is missed, the available time is lost for another patient.

To “No-Show” means that one has missed a scheduled appointment or procedure.

A “Late Cancellation” means that one has failed to call and cancel, in advance, with the time frames shown below:

OFFICE VISITS

25.00 fee will be charged for each no-show or late cancellation, if notice is given in less than **24 business hours**.

PROCEDURES

50.00 fee will be charged for each no-show or late cancellation, if notice is given in less than **48 business hours**.

Business hours are Monday through Friday, between 8:30 am and 5:00 pm, except holidays. Insurance companies consider this charge to be entirely the patient’s responsibility.

Patient Signature

Please print your name

Date