

Patient Acknowledgement

Appointment Cancellation Policy

Sandy Key Medical has instituted an Appointment Cancellation Policy effective **January 1st 2023**. A cancellation made with less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need.

To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office a **24-hour** notice if you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the answering service to avoid a cancellation fee being charged.
2. A “no-show”, “no-call” or missed appointment, without proper 24-hour notification, **will** result in a **$50** non-refundable fee charged to the card on file.
3. If you are more than 15 minutes late for your appointment, the appointment may be cancelled and rescheduled.
4. As a courtesy, we send reminder texts for appointments one day in advance. Please note, if a reminder text is not received, the cancellation policy remains in effect.
5. Repeated missed appointments may result in termination of the physician/patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. A copy of this policy will be provided to you upon request. Please sign below your acknowledgement.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient Date