

# CERTIFIED DERMATOLOGY

## No Show-Cancellation Policy

Patients wanting to cancel an appointment are asked to call the office 48 hours in advance of the appointment to cancel.

Appointments **not cancelled with proper notice will be subject to a cancellation fee** NOT covered by insurance companies.

Patients who no-show more than three occurrences in a year period may be discharged from the practice.

### **Acknowledgement:**

**I understand that if I do not cancel with 48 hours' notice, I will be subject to a fee which my insurance will not cover.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Credit Card Authorization:

By signing this form, I authorize Certified Dermatology of NJ LLC to charge my credit card for fee incurred due to my cancelling my appointment outside of 48 hours. I understand that my health plan will not cover this fee. In the event that there are any problems with my credit card, I will be responsible for all monies associated with collecting this debt from me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_