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**Family Practice and Sport Medicine**

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### **Appointment and Cancellation Policy**

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

In order to be respectful of the medical needs of other patients, please be courteous and call our office 24 hours in advance if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of our patients.

### **No Show Policy and Fee Agreement**

A “**no show**” is someone who misses an appointment without cancelling in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in the patients’ chart as a “no show” and an **Administrative fee of \$30.00 will be charged**. Three “no shows” will result in the temporary suspension of services or dismissal.

**I have read and understand the No Show Policy and Fee agreement.**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Patient’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date