

Interventional Pain Physicians of S. Florida
Dr. Nancy Erickson
601 N. Flamingo Road-Pembroke Pines, FL 33028
Phone: 954-433-8711 Fax: 954-433-3646

CANCELLATION / NO- SHOW POLICY FOR MEDICAL APPOINTMENTS

Our goal is to provide quality medical care in a timely fashion. As a result we have found it necessary to implement a cancellation and no-show policy. As with most medical practices, patients referred to this practice may have to wait for days or longer for an appointment. However, every patient is expected to act responsibly and honor an appointment or cancel that appointment. We will make every effort to remind and confirm your appointment at least two days in advance. A patient who cancels at the last minute or who does not show up for an appointment, either for an office visit or a procedure, will deprive other patients of timely access to medical care. This policy enables us to better utilize our available appointments and clinical resources to serve patients in need of medical care.

Cancellation of an Appointment

If you must cancel your scheduled appointment, we require that you call the office one (1) working day in advance. Appointments are in high demand and your early cancellation will give another person the opportunity to have access to medical care.

How to Cancel Your Appointment

To cancel appointments, please call 954-433-8711 during normal business hours. If you do not reach the receptionist you may leave a detailed message on the voice mail. You **may not** cancel via email or with the after hours service.

Late Cancellations

Late cancellations will be considered as a “no show” unless emergent, extenuating and verifiable circumstances exist. (Socio-economic issues such as lack of a ride do not qualify.)

No Show Policy

A “**No Show**” is someone who misses an appointment without canceling one (1) working day in advance. Failure to present at the time of a scheduled appointment will be recorded in the medical record as a “no show”. With the first “no show,” a patient will be sent a letter alerting her of the event. With the second “no show,” the following fees will apply: Office Visit - \$50.00, Procedures -\$100.00. Please note that these fees are not billable to your insurance and therefore will be your responsibility. A patient with an outstanding No-Show fee will not be rescheduled until it is paid. Repeated no shows may result in discharge from our practice.

Patient Signature

Date

Patient Name (Please Print)

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August 12, 2020

Dear _____:

This letter is to advise you that you missed a recent appointment which was scheduled for _____. We never received a phone call or fax from you to notify us that you would not be attending the appointment. As indicated in our office **Cancellation and No-Show Policy**, a copy of this letter will be placed in your medical file, and the next missed appointment will result in a cancellation fee (\$50 for an office visit/\$100 for a procedure.) While we regret the necessity for this action, we must ensure that appointments are available for those patients who are in need of medical care for chronic pain. Please call our office at 954-433-8711 to re-schedule your visit.

Yours truly,

Interventional Pain Physicians of S. Florida
Dr. Nancy Erickson