

NO SHOW POLICY AND FEE

It is clinic policy to keep appointment slots open to allow patients to come in to the clinic when they are in need of a visit; we therefore make every effort to avoid overbooking patients. Patients who do not show up for a scheduled visit and do not notify clinic beforehand inconvenience other patients and increase clinic costs.

If you will not be able to come in for your scheduled visit, please call our office at least **4 HOURS BEFORE** your appointment time. **PATIENTS WHO DO NOT SHOW UP FOR A SCHEDULED VISIT AND WHO HAVE NOT CALLED CLINIC TO CANCEL OR RESCHEDULE AT LEAST 4 HOURS BEFORE THE VISIT WILL BE CHARGED A \$75.00 NO SHOW FEE.** This fee will be charged to you directly and will not be paid by your medical insurance.

Agreement to PAY the NO SHOW FEE
By signing below, agreement is given by the patient

“I agree to pay the clinic a \$75.00 fee if I do not show up for a scheduled appointment, and if I did not notify the clinic at least 4 hours before the appointment time. I understand and agree that this fee will be paid directly by me and will not be covered by medical insurance.”

By signing below, I also agree that I have had ample opportunity to have any questions answered.

Signature: _____ Date: _____

Printed Name: _____

Witness (office) _____ Date: _____

Richard A. Rida, MD, LLC-Non-Covered Services-No Show fee Consent Form-Revised 1.1.2014

Best Contact # I may be reach _____ Call or Text

My Current Address: _____

Copy of my Current Insurance