

## “No Show” and “Cancellation” Policy & Procedure For Office Visits, Procedures & Surgery

At The PUR Clinic, our goal is to provide quality urological care in a timely manner. We have implemented a no show and cancellation policy which enables us to better utilize available appointments for our patients in need of urological care. The following policy is with regard to patients who fail to keep their scheduled office visit appointment, procedure appointment or scheduled surgery appointment.

Please be courteous and call The PUR Clinic promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. Available appointments are in high demand and your early cancellation will give another person the possibility to have access to timely urological care.

- ❖ Patients who fail to show for their scheduled appointment or did not notify the office within 24 hours of their scheduled appointment time, shall be subject to a “No Show/Cancellation” fee of \$25.00. In the event of an actual emergency and prior notice could not be given, consideration will be given, and a one-time exception may be granted.
- ❖ Patients who fail to show for their scheduled office procedure(urodynamics) appointment or did not notify the office within 48 hours of their scheduled appointment time, shall be subject to a “No Show/Cancellation” fee of \$150.00.
- ❖ Patients who fail to show for their scheduled surgery appointment, did not notify the office within 48 hours or cancel less than thirty (30) days of their scheduled surgery appointment time, shall be subject to a “No Show/Cancellation” penalty of \$500.00.  
If cancelled by the physician as a medical necessity, then the patient is not subject to this charge. Insurance authorization denials are also an exemption of the fees.
- ❖ These fees are not covered by insurance and is therefore the sole responsibility of the patient.

### How to Cancel Your Appointment

To cancel or reschedule appointments call The PUR Clinic at 352-536-8761. If you have any problems getting through, you can leave a message with your name, appointment date and cancellation reason or request for rescheduling.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date