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P: 212-674-7777 | P: (212) 729-SKIN (7546) | F: (212) 729-9395 | contact@212skin.com | www.212SKIN.com

### NO SHOW / CANCELLATION POLICY

The providers at 212SKIN AL Dermatology PC strive to see all patients in the most timely and convenient manner possible. As a courtesy, we attempt to contact every patient at least 48 hours prior to their scheduled appointment to remind them of the date and time. It is the responsibility of the patient to arrive for their appointment on time.

If you are unable to keep your appointment, we ask that you call our office at least 24 hours in advance so that we may offer this time to another patient in need of care.

The no show/cancellation policy has been established to help us serve you better.

No-shows and last minute cancellations cause problems that go beyond a financial impact on our practice.

No-shows and late-cancellations delay the delivery of health care to other patients.

A "no-show" is missing a scheduled appointment. A "late- cancellation" is cancelling an appointment without calling us to cancel 24 hours in advance of an office visit.

**To cancel appointments, please call 212-674-777 or 212-729-SKIN(7546), at least 24 hours in advance to the scheduled appointment time, to avoid charge of a no-show/cancellation fee.**

If you do not reach the receptionist, you may leave a detailed message, including your name and phone number, on the voice mail.

**Any cancellations made within the last 24 hours prior to the appointment time, will result in a fee of \$50 for medical services and \$150 for cosmetic services.**

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis.

Cancellations made more than 24 hours in advance of your scheduled appointment time will not be assessed a cancellation fee.

A "no-show" is someone who misses an appointment without calling 24 hours in advance to cancel.

"No-shows" inconvenience those individuals who need access to medical care in a timely manner, as well as the physician. A failure to show up at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show".

**Any "no shows" will result in a fee of \$50 for medical services and \$150.00 for cosmetic services.**

Please understand that insurance companies consider the no show/cancellation fee charge to be entirely the patient's responsibility.

By signing this form you affirm that you understand the terms of the No show/Cancellation Policy set forth by 212SKIN AL Dermatology PC and that you authorize 212SKIN AL Dermatology PC to assess cancellation and no show fees according to the above outlined policy to the credit card listed below.

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Patient's signature (or responsible financial party)

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Date

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Printed Patient Name

Credit Card Information: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ Amex

Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Cvv: \_\_\_\_\_

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**\*\*CREDIT/DEBIT CARD NUMBER IS MANDATORY IN ORDER TO SECURE APPOINTMENT TIME. IF YOU DENY TO PROVIDE CARD INFO, YOU WILL JUST BE ABLE TO BE SEEN AS A WALK IN\*\***

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