OFFICE OF DR. CHRISTOPHER KOWALSKI
215-757-5131

MISSED APPOINTMENT POLICY

Our goal is to provide quality and individualized medical attention/care in a timely manner. "No-shows" and late cancellations inconvenience those individuals who need access to our services and causes disruptions & incontinences to the doctor and staff who have specifically set aside time for your appointment.

We would like to remind you of our office policy regarding missed appointments and those given without proper cancellation notice (24 hours for Office Visits & 48 hours for all Surgeries, Ultrasounds & Vein Procedures) This Policy enables us to better utilize available appointments for our patients in need of medical attention/care.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up or keep your appointment. This time will be reallocated to someone who is in need of our care. If it is necessary to cancel your scheduled appointment, we require that you give at least 24 hours notice, in advance, for any office visits. We require 48 hours notice, in advance, for any scheduled surgeries, Ultrasound testing appointments and Vein Procedures. Appointments are in high demand and your prompt, timely cancellation will give another person the possibility of having access to medical care.

LATE CANCELLATIONS FEE

A late cancellation is considered when a patient fails to cancel or reschedule their scheduled appointment without the required prior notice. Office visits require 24hrs prior notice. Surgeries, Ultrasounds & Vein Procedures require 48hr prior notice for cancellations. **The fee for late cancellation notice for Office visits is $35.00. The fee for late cancellation notice on surgery, Ultrasound testing and Vein Procedures is $75.00**

MISSED APPOINTMENT FEES

-Patients who fail to keep an appointment will be rescheduled once upon request.= **NO CHARGE**

-After a second & Subsequent missed appointment = **$45 for any missed Office Visits. $100 for any missed Surgery, Ultrasound testing or Vein Procedures**

-Third missed appointment = **Possible Discharge from our Practice**

Patient Name_____

Patient Signature_____ DATE_____