No Show Notice

Patient Name:_____ Date of Birth:_____Date:_____

Southeast Regional Pain Center schedules appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least 24 hours' notice.

If you do not cancel or reschedule your appointment with at least 24 hours notice, we will assess a $20 "no-show" service charge to your account. This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it.

After three consecutive no-shows to your appointment, our practice may decide to terminate its relationship with you.

I understand the "no-show" policy of Southeast Regional Pain Center and agree to a charged $20 for any no-show of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential no-show charge to my account. I understand that failure to comply with this policy or failure to render payment may result in a terminated provider-patient relationship.

Patient Printed Name:_____

Patient/Legal Representative Signature:_____