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**OFFICE POLICY REGARDING CANCELLING OR NO-SHOW FOR SCHEDULED
APPOINTMENT**

Our office and providers want to ensure that all of our patient's receive the best possible care. In order to do so, we try to ensure that all of our patients be seen in a timely fashion. When one does not cancel or show up for his/her appointment, the ability of others to be seen in a timely fashion is affected as that appointment goes un-used. Therefore, in an effort to reduce the number of patients that do not show up to their appointment or fail to give a **24 hour notice for General Dermatology appointments and 48 hour for Cosmetic procedure or surgical procedures** when cancelling their appointments, our office has instituted the following no show/cancellation policy..

In order to cancel an appointment, our office requires that:

Everyone must provide the appropriate notice as stated above to cancel an appointment. This can be done either speaking directly with our staff during normal business hours or through our reminder system.

_____ (Initial)

Failure to do so will result in a cancellation/no-show fee listed below based on the appointment scheduled. This fee will be collected in the form of an invoice mailed directly to the patient if no credit card deposit was given. If a deposit was given for the appointment it will be forfeited by the patient.

Our current cancellation/no-show fees are as follows:

\$25.00 – Regular office visit

\$75.00 - Minor surgical procedure

\$100.00 – Surgical procedure, cosmetic procedure, laser appointment with our providers

My signature below affirms that I have been informed of this policy and that I agree to be personally responsible for these charges. I understand that these charges may change at any time.

Signature

Patient Name (Please print)

Date