



### **Cancellation Policy**

At Grossmont Dermatology Medical Clinic and the Grossmont Skin Cancer Treatment Center we strive to render excellent medical care to you and the rest of our patients. To be consistent with this, we have implemented a Medical and Cosmetic Appointment Cancellation Policy that better allows us to schedule appointments for all patients. By canceling your appointment at least 24-hours in advance, we are able to provide healthcare to other patients by re-booking the vacated slot. No-show or late cancellations of medical appointments result in unused appointments. This significantly decreases appointment availability for all of our patients. The necessity of rescheduling the missed treatment also ties up future appointments, further diminishing the availability of care for others.

Our policy is as follows:

We request that you please give our office a minimum of 24 hour notice in the event that you need to reschedule your appointment with a physician or Physician Assistant. This allows other patients needing care to be scheduled into that appointment. It also makes it possible to reschedule your appointment more efficiently, so that you don't have to wait too long for your next appointment. If a patient does not give at least a 24-hour notice when canceling or misses an appointment without contacting our office, a \$50 fee may be charged to you for a missed appointment.

Some Cosmetic Procedures will require a deposit of at least 10% in order to secure the appointment. The deposit is applied to your total at the time of service unless a no show or a cancellation with less than 24hr notice occurs.

If a patient accumulates a total of three (3) consecutive missed appointments, the patient may not be rescheduled for future appointments.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for your continued patronage.

I have read and understand the Medical Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_