



Thank you for choosing Colorado Springs Cardiology. We are committed to providing the best possible care for you. To achieve this, we need to ensure that our schedule runs smoothly and that all our patients have the opportunity to receive timely care.

This policy is designed to ensure that we can accommodate as many patients as possible and minimize disruptions to our schedules.

1. Late Cancellations:

- *If you need to cancel your appointment, we kindly ask that you do so at least 24 hours in advance. Failure to do so will result in a \$25.00 late cancellation fee that will be charged to your account.*

2. No shows:

- *If you do not show for your scheduled appointment and have not provided any prior notice, a \$25.00 no-show fee will be charged to your account.*

We understand that unforeseen circumstances may arise, and we will provide reasonable accommodation in cases of emergency. However, repeated late cancellations or no-shows may result in more stringent measures to ensure that all patients have access to the care they need. More than three violations of this policy may be grounds for dismissal from the practice.

The \$25.00 fee is not covered by insurance, and it will be your responsibility to pay. We truly value you as a patient and wish to do whatever possible to accommodate your scheduling needs. If you are unable to adhere to our policy noted above, we will start charging the \$25 late cancellation / no-show fee for subsequent violations.

I hereby acknowledge that I have received, read, and understand the Late Cancellation/No-Show policy, including its procedures and my responsibilities as outlined. I agree to comply with the guidelines and requirements set forth in this policy.

Patient Signature: _____

Date: _____

Printed Name: _____