



**“NO SHOW” POLICY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

Carolina Neurosurgery and Spine Associates (CNSA) understands that situations arise in which you must cancel your appointment. We request that if you must cancel your appointment that you provide at least 24 hours notice. This will improve access to your providers by allowing other patients to be scheduled in your appointment time. When cancellations are made with less than 24 hours notice, we are unable to offer that time to other patients.

Patients who cancel with less than 24 hours notice will be considered a “No Show” and may be subject to a \$50 rescheduling fee and possibly dismissed from the practice. The rescheduling fee is the sole responsibility of the patient and must be paid in full before an appointment will be rescheduled.

We understand that unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician/patient relationships are based upon understanding and good communication. Questions about cancellations and no show fees should be directed to the Office Manager.

I have read, understand, and agree to the policy above.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Medical Record #

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Date