

MOSKOWITZ DERMATOLOGY, M.D., P.L.L.C.
(407)542-0100

PATIENT ACKNOWLEDGEMENT
APPOINTMENT CANCELLATION POLICY

Dear Patient,

Moskowitz Dermatology, M.D., P.L.L.C. has instituted an Appointment Cancellation Policy. A cancellation or reschedule made within less than 24 business hours of your appointment time significantly limits our ability to make the appointment available for another patient in need.

To remain consistent with our mission we have instituted the following policy:

1. Please provide our office with at least 24 business hour notice in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient.
2. A "No-Show", "No-Call" missed appointment or reschedule within less than 24 hours without at least 24-hour notification will be assessed a fee.
The fees are as follows:
 - Established patients: \$50.00
 - Surgery appointments: \$100.00
 - New patients: \$100.00
3. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled and a \$25.00 fee will be assessed.
4. As a courtesy, we make reminder calls for appointments one to two days in advance. Please note that if a reminder call or message is not received, the cancellation policy remains in effect.
5. Repeated missed appointments may result in termination of the physician/provider-patient relationship.
6. If you have any questions regarding the policy please let our practice manager know and she will be glad to clarify any questions you may have. A copy of this policy will be provided to you. Please acknowledge your understanding of this policy by providing your signature below.

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

Print Patient Name

Signature

Date

Annual Re-Acknowledgment

Year	Signature of Patient or Legal Guardian	Date