Alexander Shifrin Medical, P.C. the address every woman should know Obstetrics & Gynecology

NO-SHOW AND PAYMENT COLLECTION OFFICE POLICY

| Dear Valued Patient: | |
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| Please be advised that we require no less than 24-hour nare billed for NO-SHOW appointments. The current NO-S | |
| Insurance companies are not responsible for NO-SHOW keep an appointment during the weekend, you should leaservice. Be sure to note the name of the service operator you cancel an appointment with our office staff, you should be a service of the service operator. | ave a message cancelling your appointment with our . Again, 24-hour notice is required for cancellations. If |
| All payments, co-payments, co-insurance and deductibles | s are due at the time of service. |
| We thank you in advance for your cooperation. | |
| This form must be signed before you see your physician. | |
| Please Print Name | Date |
| Signature | Date |