

Advanced Surgical Care of Northern Illinois APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to Advanced Surgical Care. When you schedule an appointment with Advanced Surgical Care, we set aside enough time to provide you with the highest quality care. Should you need to cancel or rescheduled an appointment, please contact our office as soon as possible. This should be done no later than 24 hours prior to your scheduled appointment. If you are running late, please notify the office. If a patient arrives more than 10 minutes past their scheduled time, our office staff will need to reschedule your appointment and our no-show policy terms will apply.

<u>Effective January 1, 2025</u>, any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24-hour notice will be considered a No Show and charged a **\$50.00 fee**.

- Any established patient who fails to show or cancels/reschedules an appointment without 24-hour notice a **second time** will be charged a **\$60.00 fee**.
- If a **third** No Show or cancellation/reschedule without 24-hour notice should occur with a year's time, the patient may be **dismissed from Advanced Surgical Care.**
- Any new patient who fails to show for their initial visit will not be rescheduled.
- These fees are the responsibility of the patient, not the insurance company, and are due prior to the patient's next office visit.

We understand there may be times when an unforeseen emergency may occur, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Office Manager, who may be able to waive the No Show fee. You may contact Advanced Surgical Care during regularly scheduled office hours at the numbers below. Voicemail messages can be left, and we will attempt to call you back once received. Given the sometimes-unreliable nature of voicemail, cancellation of an appointment is not official until the patient has spoken directly with one of our staff members. We will also accept appointment cancellations via our Live Well portal.

Advanced Surgical Care 847-381-8161

I have read Advanced Surgical Care's Cancellation/No Show Policy and agree to its terms. I understand that these terms are
renewable each year and do not require additional signatures in subsequent years. A paper copy of this policy is available
upon request.

Signature	Name	