

Central CT Foot Care Center, LLC.
Dr. Tina A. Boucher
807 Broad Street
Meriden, CT 06450
Tel: (203) 238-3668 Fax: (203) 238-3670

Appointments Not Cancelled within 24 hours

Please be advised effective immediately that if you late cancel or no-show for an appointment more than 3 times, we will be forced to discharge you from this practice. No-show and late cancellations waste precious time that other patients could use. We are committed to meeting our patients' health care needs.

Thank you,
Management

Patient or Responsible Party Signature

Date

CENTRAL CONNECTICUT FOOT CARE CENTER, LLC
No Show Policy

Patient Name: _____ Account: _____

We are committed to meeting our patients' health care needs. No-show and late cancellations waste precious time that other patients could use.
Please be advised of our office policy.

All appointments must be cancelled by noon of the previous day (or by 10:00 AM Friday for a Monday appointment) to avoid charges for a no-show or late cancellation. PLEASE NOTE: Insurance does not cover charges for no-show/late cancellation fees: therefore, the patient is responsible for payment

~LATE CANCEL fee of \$40.00 will be charged to the patient~
~ NO SHOW fee of \$50.00 will be charged to the patient~
~A NO SHOW/LATE CANCEL fee of \$75.00 will be charged to the patient for any scheduled procedure~

Billing Questions:

If you have any questions regarding billing, please call our office during our regular office hours.

I have received a copy of this document and understand that I will be financially responsible for the following:

- All missed scheduled appointments that are not cancelled as described in the policy above.

Patient/parent/legal guardian signature

Date

Thank you for your continued support of our practice

if you believe we have made an error in scheduling or you believe you deserve special Consideration, please call or provide an appeal in writing for consideration