



## Southside Medical Care

CORPORATE OFFICE  
6325 SHANNON PARKWAY  
UNION CITY, GEORGIA 30291  
(770) 964-1400  
FAX (770) 306-1343

### NO SHOW/CANCELLATION APPOINTMENT POLICY EFFECTIVE August 1, 2016

We understand that situations arise in which you must cancel your appointment. When you cancel your appointment with a **24-hour notice** it will allow another person to be scheduled in that appointment slot. If we do not receive a call to cancel an appointment, we are unable to offer that slot to other people.

Patients who do not show or cancel their appointment without a **24 hour notice** either via phone or patient portal will be considered as a **NO SHOW** and will be subject to a **\$35.00** no show fee.

The No Show/Cancellation fee is the sole responsibility of the patient and must be paid in full before the patient can be scheduled for their next appointment.

Patients who have **3** or more **no show** or **canceled** appointments **in one year** may be subject to termination from the practice.

Our practice firmly believes that good physician and physician assistant relationship is based upon understanding and good communication. Questions about the no show fees should be directed to a member of our billing department at 770-964-1400 option 5.

**Please sign that you have read, understand and agree to this No Show policy.**

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date