No-Show / Late-Cancellation Policy

Thank you for trusting your urological care to Urology Austin. When you schedule an appointment with Urology Austin, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than **24-hours** prior to your scheduled appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

A "no-show" is missing a scheduled appointment or arriving more than **15 minutes** past your scheduled appointment start time.

A "late-cancellation" is canceling an appointment less than **24-hours** of a scheduled appointment time. Or at least one (1) business day prior if the office is closed the day before.

All scheduled appointments must be cancelled or rescheduled at least 24 hours or 48 hours prior to the appointment time depending on type of appointment.

- Office appointments which are no-show, cancelled or rescheduled with less than **24-hour** notification may be subject to a **$25.00** fee
- Any test, procedure, or physical therapy appointment scheduled at a Urology Austin office cancelled or rescheduled with less than **24-hour** notification may be subject to a **$50.00** fee
- Any procedure/surgery scheduled at an off-site facility cancelled or rescheduled with less than a **48-hour** notification may be subject to a **$500.00** fee
- In the event of three (3) documented "no show" or "late cancellations" the patient may be subject to dismissal from the practice

We understand that special unavoidable circumstances may cause you to cancel or reschedule within 24 hours. Fees in this instance may be waived with management approval.

Our practice firmly believes that good physician/patient relationships are based upon understanding and good communication.

By signing below, you have acknowledged you have read, understand, and agree to this No-Show/Late-Cancellation Policy.

Patient Name (Print and Signature)

_____   _____
Print   Date

_____
Signature