

## Orthopedic & Sports Medicine Institute of Las Vegas Randa Bascharon, D.O. Inc.

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## **Patient No Show Policy & Procedure**

If you are unable to k	keep your	appointment,	you are	required	to provid	e a 24
hour notice of cancellation	n.					

Failure to cancel your appointment with a 24 hour notice will result in a phone call to the number on file and a "NO SHOW" warning letter mailed to the address on file. To assist you in keeping your appointment, you will receive a reminder call from our automated system.

If there is a subsequent "NO SHOW" appointment, your account may be charged 25.00 for which you are entirely financially responsible. It is not covered by your insurance and will not be billed to insurance. You will need to pay the "NO SHOW" fee in full to obtain any further appointments with our office.

We hope that all of our patients get the care they need and show consideration by notifying us in advance of the inability to keep an appointment so that another patient may have that time slot.

We are very concerned when you miss appointments that you are not receiving the necessary medical care required for your injury or illness.

Please call if you are experiencing any problems. We value you as a patient.

Patient printed name	Date
Signature of patient/guardian	