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Incontinence Centers of America

REGAIN YOUR CONTROL

10700 E. Geddes Ave, Ste. #100, Englewood, CO 80112

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Phone: 303-750-8100 / Fax: 303-974-3804

CANCELLATION and NO-SHOW POLICY

We understand that situations may arise which makes it necessary to cancel your appointment. Accordingly, **we request that you provide at least 24-hour notice of cancellation** to avoid any fees. This will enable the physicians **to offer that time slot to other patients who need care**. Appointments with our specialists are in high demand, and your early cancellation will give another person access to timely medical care.

The Cancellation and No-Show fees are the sole responsibility of the guarantor and cannot be billed to the insurance company.

Cancellation Fees:

- Any appointment not cancelled 24 hours prior to the appointment time are subject to a \$40.00 cancellation fee.
- Any procedure appointments (in a surgery center) not cancelled 48 hours prior to the scheduled appointment time are subject to a \$100.00 cancellation fee.

No Show Fees:

Patients who do not show up for their appointment and who do not call the office to cancel/reschedule, will be considered a **No-Show** and are subject to a **No-Show** fee. Patients who **“No Show”** for two or more appointments within a 12-month period may be dismissed from the practice.

- **\$50.00 New Patient *No-Show* fee**
- **\$40.00 Established Patient *No-Show* fee**
- **\$100.00 Surgical Procedure (performed outside of office at surgery center) *No-Show* fee**

Payments can be made directly to our Billing Office (303-422-9438) or to our Main Office (303-750-8100).

Credit Card #: _____ Exp: ____/____ CVV on Back: _____

Billing Zip Code: _____

Please sign to indicate you have read and understand the above Cancellation and No-Show Policy.

Patient or Guardian Name (please print): _____

Patient or Guardian Signature: _____

Date: _____