



CANCELLATION / NO SHOW / CHECK-IN POLICY

Thank you for trusting Neuro Care of Louisiana, LLC with your neurological and medical care. When scheduling appointments, procedures or testing, we set aside enough time to provide you with the highest levels of care.

We understand that family, work, and other medical emergencies or obligations may arise at any time, and if they do, we kindly ask you to contact our office NO LATER than 24 hours before your scheduled appointment. This can give us enough time to arrange appointments to other patients in need for our medical services.

Please review our appointment Cancellation/No Show/Check-in Policy:

- In the case of failure to show (no-show) OR failure to cancel/reschedule at least 24 hours in advance for any type of medical service, a non-negotiable non-refundable charge of \$40.00 will incur for that visit. This \$40.00 fee will be directly billed/collected from the patient or guarantor, and NOT through your insurance. This fee must be paid in full before scheduling another appointment for any type of clinic visit, procedure or testing at Neuro Care of Louisiana, LLC.
- New patients rescheduling, canceling, or no-showing on their first (or initial) appointment for any medical service may be dismissed from the practice.
- Returning (or established) patients rescheduling, canceling, or no-showing three times for the same appointment for any medical service may be dismissed from the practice.
- Checking-in later than ten (10) minutes from the scheduled appointment time for any medical service may lead to rescheduling to a later date and time.

I have read, understood, given the opportunity to discuss and ask questions, and agree with above.

Patient first and last name: _____

Signature: _____

Date: _____