



Vineville
Internal
Medicine

Mary Bell H. Vaughn, MD

Missed Appointment Fee Policy

Each time a patient misses an appointment without providing proper notice another patient is prevented from receiving care.

Due to high patient demand and limited availability of appointments we have instituted a “*missed appointment*” fee. You must give 24 hour advance notice to cancel or reschedule appointments; failure to do so will result in a “*missed appointment*” fee charge to your account.

This fee must be paid before you can be seen again.

“*Missed Appointment*” Fees are listed below.

- Physical: \$50.00
- Ultrasound: \$50.00
- Echo: \$50.00
- All other appointments: \$35.00

Once signed, this form will be a binding agreement and will become a permanent part of your patient record or chart.

Patient Agreement:

I certify that I have read and fully understand the above information. I understand that I am fully responsible for payment of this fee.

Patient Name Printed: _____ DOB: ____/____/____

Patient Signature (or responsible party): _____

Date: ____/____/____

Witness Signature: _____

Date: ____/____/____

CC : _____ (account #)