

## NO SHOW ATTESTATION POLICY

Due to an increasingly prevalent problem of no show follow up and new patient visits to our office, we are forced to implement our new no show policy as outlined below. The effect of these no show visits is that the medical costs, to our other compliant patients, are driven up and *valuable time slots are taken away from patients who need appointments.*

	<u>DESCRIPTION</u>	<u>FEE</u>	<u>CONSEQUENCES</u>
1.	No show number one	\$25.00	Fee only
2.	No show number two (consecutive)	\$25.00 first no show \$50.00 second no show	Fee only
3.	No show number three (scattered or consecutive)	\$25.00 first no show \$50.00 second no show \$75.00 third no show	Discharge from practice

I have read the above and completely understand the language and meaning of the attestation no show policy given to me, and I have had a chance to ask questions of my doctor or staff about this policy and am willing to comply with Lehigh Valley Dermatology's no show policy. I understand the terms above and realize that if I violate the Lehigh Valley Dermatology's no show policy, I will be discharged from the practice and pay for no show visits, and that any and all means necessary to collect the fees for the no show visits will be pursued.

I have read the above no show attestation policy and agree to the terms of the policy.

\_\_\_\_\_  
Patient Name - please print

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date