LEHIGH VALLEY DERMATOLOGY ASSOCIATES, LTD.

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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 a 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. We require new patient appointment time frames to be held with a credit card on file. Our practice reserves the right to charge your credit card in the event you do not show for your new patient appointment, your credit card on file will be charged the no show fee schedule listed below. If you no-show a new patient appointment you will not be rescheduled. If you are an established patient, and you do not show for a scheduled appointment you will be charged the no show fee accordingly, and depending on the number of times you do not show for an appointment, you will be dismissed from the practice. If you do not satisfy the no show fee your patient status will be affected in accordance to the financial policy agreement. Please keep in mind that we do not double book appointments and if you fail to cancel your appointment with more than forty-eight hours' notice, a patient that may need the appointment will not be seen.

In addition, if you are running late, please call our office prior to your arrival to verify whether or not you will be seen. Depending on how late you will be and the provider's schedule, your appointment may be rescheduled.

Description	Fee	Consequences
Now show fee for office visits	$120	Fee only for 1st and 2nd time
No show fee for procedure	Equivalent to your procedure fee	Fee only for 1st and 2nd time
New patient appointment	$200	Fee only for 1st appointment

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 about this policy to my provider or staff. I am willing to comply with Lehigh Valley Dermatology's no-show policy. I understand the terms above and realize that any violation of the no-show policy I will be charged the fees described above, and if occurrences continue may result in my discharge from the practice.

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

Patient printed name	Date of birth
Patient Signature	Date
Employee Signature	Date