

Diabetes and Metabolism Specialists  
4118 Pond Hill Rd., Bldg #3, Suite 300  
Shavano, TX 78231

## **CANCELLATION / NO-SHOW POLICY**

**Please read carefully, this policy is strictly enforced!**

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement a no-show/cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

### **Cancellation of an Appointment:**

In order to be respectful of the medical needs of other patients, please be courteous and call Diabetes and Metabolism Specialists at (210) 494-3739 promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call **at least 24 hours in advance**. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

### **Late Cancellations:**

Late cancellations will be considered as a “no-show”.

### **No-Show Policy:**

A “no-show” is someone who misses an appointment without cancelling it in an adequate manner. “No-shows” inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in the patient’s chart as a “no-show”. The following are Diabetes and Metabolism Specialists’ “no-show” fees:

1. Office Visit No-Show: \$75
2. New Patient No-Show: \$100
3. Procedure (Ultrasound / Biopsy / iPro) No-Show: \$100

**The “no-show” fees will not be covered by your insurance or workman’s compensation, but will have to be paid by you personally before you will be able to schedule another appointment.**

In the event you have three “no-shows”/cancellations, all remaining appointments may be cancelled and you will be referred back to your primary care/referring physician for future medical care.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_