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FAMILY MEDICINE & INTERNAL MEDICINE
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MIAMI, FL 33186

NOTICE

DUE TO OUR CONTINUALLY GROWING PATIENT POPULATION AND THE CHANGES BROUGHT ABOUT BY THE MANAGE CARE SYSTEM, IT IS NOW NECESSARY TO CHARGE YOU, THE PATIENT, FOR MISSED APPOINTMENTS.

THE **$60.00 CHARGE** WILL BE BILLED DIRECTLY TO YOU SINCE IT IS NOT AN INSURANCE COVERED EXPENSE.

ALL CANCELLATIONS MUST BE MADE **24-HOURS** PRIOR TO YOUR SCHEDULED APPOINTMENT. THIS WILL ENABLE US TO SCHEDULE ANOTHER PATIENT IN NEED OF MEDICAL ATTENTION.

IN SIGNING THIS FORM, I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ABOVE-MENTIONED CHARGE FOR ANY MISSED APPOINTMENTS THAT ARE NOT CANCELED WITHIN A **24-HOUR** NOTICE.

PATIENT SIGNATURE

AVISO

DEBIDO A QUE EL NUMERO DE PACIENTES SIGUE AUMENTANDO Y A LOS CAMBIOS OCASIONADOS POR EL SISTEMA DE SUPERVISION DE CUIDADOS DE SALUD, ES NECESARIO COBRAR **$60.00** POR LAS CITAS QUE NO SEAN CANCELADAS CON **24-HORAS** DE ANTICIPACION.

ESTE CARGO LE SERA COBRADO DIRECTAMENTE AL PACIENTE, YA QUE NO ES REMUNERABLE POR NINGUNA COMPANIA DE SEGURO. DE ESTA MANERA, PODREMOS DARLE UNA CITA A OTRO PACIENTE CON NECESIDAD DE ATENCION MEDICA.

ENTIENDO QUE SOY RESPONSABLE DEL CARGO MENCIONADO POR CADA CITA QUE NO SEA CANCELADA CON **24-HORAS** DE ANTICIPACION.

FIRMA DEL PACIENTE

JEM:mo