



### Appointment Cancellation/No Show Policy

Thank you for trusting Axia Women's Health with your medical care. Should you need to cancel or reschedule an appointment, please contact the office as soon as possible. We ask you to cancel **no later than 24 hours prior to your scheduled appointment and 5 business days prior to scheduled procedures/surgeries**. As a courtesy, we send appointment reminders which allow you to confirm or cancel your appointment.

Please review our Appointment Cancellation/No Show Policy: Effective August 1, 2022, any patient who fails to show for an appointment without notice is considered a "no show". Any patient who cancels/reschedules their appointment within 24 hours of their scheduled appointment time or arrives more than 15 minutes after the scheduled time and is unable to be seen will be considered a "same day cancellation".

- No-show policy
  - Patients are subject to a fee for no-show events beginning on the second consecutive office visit no show.
  - Any patient with three or more no shows in a calendar year may be dismissed from Axia Women's Health.
- Same Day Cancellation Policy
  - Patients with three or more consecutive same day visit cancellations are subject to a fee for each event.
  - Patients with multiple same day visit cancellations in a calendar year may be dismissed from Axia Women's Health.
- Any in-office or hospital procedure/surgery cancelled with less than a 5-business day notice is subject to a fee.
- No show and cancellation fees will be billed directly to you, and not the insurance company, and payment is due before you may schedule your next visit.
- Fees
  - Established routine OB/Gyn visits will incur a charge of \$25
  - Consults or specialty visits (consults, MFM, urogyn, infertility, imaging, NSTs) will incur a charge of \$50
  - In office and Hospital procedures will incur a charge of \$200

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment or give us advanced notice. If you incurred a fee because of such an emergency, please contact our Office Manager, to discuss your situation further.

I have read and understand the Appointment Cancellation/No Show Policy and agree to its terms.

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date