



CARDIOVASCULAR ASSOCIATES

— OF CHARLOTTESVILLE —

Quality Care in a Heartbeat

NO SHOW POLICY

We are committed to providing the most effective medical care to our patients. You have scheduled an appointment with Cardiovascular Associates of Charlottesville because of some health concern by you or your physician who referred you to our practice. It is now a major concern for our physicians and medical staff. The amount of time scheduled for your appointment is based on the nature of that health concern. We set aside enough time to make sure you receive the highest quality care, whether it is your initial appointment or for testing and follow-up appointments.

We have reserved your appointment time especially for you. Should you need to cancel or reschedule an appointment please contact our office as soon as possible. The time slot for your appointment can be an accommodation for another patient if we have adequate notice that you cannot keep the time you scheduled. We ask you to contact our office to cancel or reschedule according to the following schedule. Failure to follow the cancellation/reschedule schedule will result in the appropriate “no-show” fee:

- Office visits and follow up appointments: 24 hour notice is required or a late notice or no-show fee of \$50.00 will be charged.
- Stress or Echocardiogram testing appointment: 48 hour notice is required or a fee of \$75.00 will be charged.
- Nuclear Stress testing appointments require us to purchase special medication specifically for you. It is delivered on your appointment date and cannot be stored and used later. It also cannot be returned for credit: 48 hour notice is required or a fee of \$200.00 will be charged.

These late notice or no show fees cannot be charged to your insurance or paid with a Flexible Spending Account debit card.

Future appointments will not be scheduled until any previous late/no show fees have been paid.

After three no shows, we may choose to terminate you as a patient.

Your signature below indicates we have provided you with a copy of our No Show Policy. If you refuse to agree to these no-show terms, your first no-show will result in immediate termination from the practice.

Print Name of Patient

Date of Birth

Signature of Patient/Guardian

Date Signed