

Capitol Urology, PA

Missed, Late Cancellation or Late Reschedule of Appointments

Due to the high cost of operating a practice and the increase in patients failing to show for appointments or cancelling their appointments without a 48 hour notice, we adopted a policy to charge patients for the missed business opportunity. **A fee of \$50 will be charged for office visits. Office Procedures without a 5 (business) day advance notice will be charged \$250; same day cancelled/rescheduled or failure to appear for the appointment ; a \$500 fee will be applied.**

New patients to our practice will be sent a new patient information packet prior to their appointment and will be advised of the scheduled date and time of their appointment. The patient will have 48 hours (2 days prior) to cancel or reschedule without incurring this fee. **As a courtesy, we have an automated appointment reminder system that will contact you for (4) days prior to the appointment date to remind you of your appointment date and time. We ask that you call the office to confirm, cancel, or reschedule the appointment once you receive the automated reminder. While there may be a variety of reasons why patients may not be able to keep their appointments, the operating costs of the practice do not change. In an effort to apply this policy fairly to all of our patients, please do not ask us to make any exceptions to this policy.**

Surgery Down Payment Policy

Due to recent events, we will require a \$300 down payment for all scheduled surgeries. Should you keep your scheduled surgery date and time, the \$300 will be applied to the balance after the surgery and any follow up appointments you may need as necessary. If you cancel or reschedule the surgery, a \$150 administrative handling fee will be applied to cancel or reschedule the surgery. If a credit balance remains, this will be refunded back to you upon Dr. Edmunds decision to see you back only when you have a problem.

We look forward to seeing all of our patients and providing the care they need. We thank you for your consideration and cooperation.

By signing below, you acknowledge that you have read and understood our policy.

Signature of patient

Date

3600 Forest Drive Suite 401
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Thomas B Edmunds, Jr. MD

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