Fairfield Medical Group, LLC

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No Show and Missed Appointment Policy

Effective, March, 2014

I, _____ understand that failure to notify Fairfield Medical Group, LLC within 24 hours prior to my appointment that I may be charged a missed appointment fee of **$20.00** for missed follow up or problem visit appointments or **$30.00** for missed physical examination or pre-operative appointments.

I also understand that this fee is not reimbursable by my insurance policy and it is my responsibility to pay for services missed.

_____ _____
Patient Signature Date

_____
Date of Birth