

DR. DARLENE POWELL GARLINGTON



October, 2017

Dear Patients,

Our primary goal is to provide quality care in a timely manner. Due to a waiting list and limited available openings, we have implemented an appointment **No Show/Cancellation Policy**. This policy enables us to better utilize available appointments for our patients in need of our services.

No Show Policy:

A “**No Show**” is also considered a “missed appointment.” This occurs when you fail to show up for an appointment without a phone call **before 3:00 p.m. the day prior to your appointment**.

Failure to report at the time of a scheduled appointment will be recorded in your chart as a “No Show”. A fee of your co-payment will be assessed for each “No Show.” In the event, you do not have a co-pay, a fee of **\$35.00** will be assessed. The **\$35.00** fee will be charged to your credit card, or in the case we do not have a credit card on file, the fee of **\$35.00 MUST** be paid in full prior to scheduling future appointments.

Cancellation Policy:

In order to be respectful of the needs of other patients, please be courteous and notify us promptly if you are unable to attend an appointment. This time will be reallocated to someone who is need of treatment. If it is necessary to cancel your scheduled appointment, we require notification **no later than 3:00 p.m. the day prior to your appointment**. If you cancel your appointment any later than 3:00 p.m. the day prior to your appointment, it will be considered as a “No Show” (*see policy above*).

How to Cancel Appointments in Advance?

During normal business hours, you may call **(516) 679-0457**, or you may send a secure message any time of day via email to: drdarlene.bloomingagain@gmail.com

Emergency Cancellations:

There are situations which may arise that prevent you from making your appointment. Please be sure to call as soon as possible, and this type of cancellation will be taken into consideration prior to applying our policy explained above.

Discharge From Practice

Patients who habitually abuse this policy, or who continuously reschedule appointments, will be subject to discharge from the practice.

By signing this policy, I indicate that I have read and fully understand the appointment “**No Show/Cancellation**” **Policy**. I further understand that I will be responsible for any fees assessed to my account for each “No Show” and may be declined future appointments until I have paid in full the outstanding fees.

PRINT-Patient Name

Date

Patient Signature

2280 Grand Avenue – Suite 304 • Baldwin, New York 11510

Telephone: 516-679-0457 • Fax: 516-608-5949

E-Mail: DrDarlene.BloomingAgain@gmail.com • Website: www.DrDarlene.net