



RGA MISSED APPOINTMENT/ CANCELLATION POLICY

The physicians and staff at Richmond Gastroenterology are here to serve your health care needs in an efficient and timely manner. Last minute cancellations and reschedules severely limits our ability to offer available appointment to other patients in need. We understand that emergencies happen but to best serve all of our patients, we ask that you let us know as soon as possible if you need to cancel or reschedule your visit. RGA reserves the right to limit the number of reschedules for an appointment to ensure equitable access for all patients. RGA may also dismiss patients from the practice if the provider determines the number of reschedules and cancellations is excessive.

As a courtesy, an appointment reminder call to you is made/attempted before your scheduled appointment, but the policy remains in effect regardless of reminder call. Missed appointments or cancellations made **less than 48 business hours** prior to the scheduled appointment will cause you to be billed a cancellation/missed appointment fee in the following amounts. These fees are not covered by Health Insurance; you will be billed directly for these charges. These fees are subject to change based on the needs of the practice.

Endoscopic Procedures	\$250.00
New Patient Office Visit, Telemedicine Visit, or Diagnostic Testing scheduled at RGA	\$100.00
All Other Appointments	\$50.00

I understand that I may be charged if I miss my appointment or cancel my appointment per the conditions above. **I understand** this charge is not covered by my insurance and will be my financial responsibility. **I understand** that failure to keep scheduled appointments or provide sufficient notice may result in dismissal from the practice. **I understand** that RGA may limit how many times an appointment can be rescheduled.

Patient's Name (printed)_____ Date_____

Signature_____

Please note: Due to Medicaid regulations this policy does not apply to patients who are covered by any Medicaid funded health care program accepted by our practice (examples: Medicaid, HealthKeepers Plus, etc). However failure to keep scheduled appointments may result in dismissal from the practice if deemed excessive.

I certify that I am covered by a Medicaid funded program:

Name of Program_____

Patient's Name (printed)_____ Date_____

Signature_____