



MISSED APPOINTMENT POLICY

Missed Initial Visit: Because we reserve large blocks of time for your Initial Visit (anywhere from 1-2 hours depending on the complexity of the problem, and the number of problems), and because of the demand for those slots, we cannot afford to have them go unused. In the past individuals have abused this confidence so we have had to institute this policy. Please do us the courtesy of informing this office with prior notice 24 hours in advance if you cannot keep your scheduled appointment. This policy applies to each problem we need to evaluate if separate visit dates are required. This portion of our policy applies only to Initial Visits. Naturally we take into consideration extraordinary circumstances and true emergencies (as determined by this office). We are genuinely interested in helping with your recovery, and we expect you to be as well.

Failure to provide prior notice of a canceled Initial Visit will result in a charge of \$100.00.

Missed Appointments: 24 hours prior notice is required if you need to cancel a scheduled visit with us. This is both a courtesy to us and to other patients who need those appointment slots too. Failure to provide advanced notice may subject you to a fine that your insurance will not cover. We do not like levying fines but will do so when necessary. This portion of our policy applies to any visit that is not an Initial Visit. As described above, we take into consideration extraordinary circumstances and true emergencies (as determined by this office).

Each visit missed for which no prior notice is provided will result in a charge of \$50.00 per episode.

Prior Notice: May be provided by calling our office at 405-773-0442 and speaking with someone to assure your visit is canceled, calling our office number and leaving a message for us to cancel your visit, or by faxing a notice in writing to our office fax at 405-773-0446 if you cannot get through on a voice line. If your cancellation notice occurs on a weekend, go ahead and leave us a message AND fax a written notice to our office. The fax will be automatically time-stamped to verify the time of notice.

This agreement must be signed and faxed back to us, or mailed, before an appointment time can be guaranteed, although we can still reserve one for you with your verbal approval taken as agreement to these terms (we will document all verbal agreements). Our fax number is 405-773-0446.

I have read and understood this policy, and by signing below, or by providing verbal approval (to be followed by signing this form at first opportunity), I verify that I understand and agree to the terms herein, and that all questions have been answered sufficiently. I further agree that a faxed copy of this form is as good as the original.

- By signing below I agree to pay the sum of \$100.00 to United Therapeutics Corp. IF I do not give 24 hour prior notice for canceling the Initial Visit.
- By signing below I agree to pay the sum of \$50.00 to United Therapeutics Corp. IF I do not give 24 hour prior notice for canceling any visit that is not an Initial Visit.

Date: _____ Patient Signature: _____

Responsible Party Signature: _____

Relationship to Patient: _____