



Dermatologic Surgery of the Carolinas, LLC
Medical Appointment Cancellation/ No Show Policy

Thank you for entrusting Dermatologic Surgery of the Carolinas with your care. When you schedule an appointment with DSC, we reserve that time to provide you with the highest quality of medical care. We understand that life happens, and you will need to cancel or reschedule an appointment. If you need to do so, please do so as soon as possible. This allows us to offer the time you cannot use to someone else who is waiting for care, remaining a good steward of our time to ensure we can maintain our promise to you.

Please review the appointment cancellation and no-show policy below:

Effective 01/03/2022 any established patient who fails to show up or cancels/ reschedules an appointment without proper notice will be subject to a fee. This fee is billed directly to the patient and not covered by insurance.

- **Non-Surgical Appointments** will be charged **\$50** if no shown, cancelled or rescheduled within 24 hours of the scheduled appointment.
- **Surgical Appointments** will be charged **\$150** if no shown, cancelled or rescheduled within 48 hours of the scheduled appointment.
- Patients 15 or more minutes late for any appointment will be considered a no show and will be charged appropriately. (If you are running late, please contact our office at 704-919-1105 option 2)

Patient acknowledgment:

By signing this document, I confirm that I have read and understand the above information and will be subject to a fee if I no show, cancel, or am late to a confirmed appointment without providing a 24-hour notice for non-surgical appointments and 48-hour notice for surgical appointments. This fee is directly billed to the patient, not the insurance company, and must be paid before rescheduling their appointment or before their next scheduled appointment- whichever comes first. Patients may cancel or reschedule any appointment for any reason, providing at least a 24-hour notice for non-surgical appointments or at least 48-hour notice for surgical appointments **without** charge.

Printed Name

Date

Signature (Patient or Legal Guardian)

Relationship to the Patient