

### CANCELLATION POLCY

I am aware that the office policy states that I must notify the office at least 24 hours in advance (the business day prior to the appointment), should I need to reschedule/cancel my appointment. In the event I do not call the office within 24 hours (the business day prior to the appointment) of my scheduled appointment or I simply do not show, I understand I will be charged a \$50.00 fee. I also understand that two or more No Show appointments in my appointment history will result in dismissal from the practice.

### ADDITIONAL FEES

**Return Check Fee**

A fee of \$25.00 will be applied for any checks returned.

**Medical Records**

A fee of \$0.75 per page due prior to the release of medical records.

**Collection Fee**

In the event your account is sent to a collection agency, a charge of 35% will be added to your total balance.

We understand that medical care can often be very expensive and that temporary financial problems may affect your ability to pay on a timely basis. If such a situation should arise, we encourage you to contact us promptly for assistance. For further information about this financial policy, please do not hesitate to contact our office.

I fully understand and acknowledge receiving a copy of Manhattan Endocrinology's Insurance/Cancellation Policy.

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NAME (Print/Sign)

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DATE