

Treasure Valley Gastroenterology Specialists

Raquel Croitoru, M.D.

Board Certified Gastroenterology Fellow American College of Gastroenterology

Cancellation Policy/No Show Policy

For Doctor Appointments and Procedures

1. Cancellation/ No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment schedule. If an appointment is not cancelled at least 24 hours in advance you will be charged a two hundred fifty dollar (\$250.00) fee; this will not be covered by your insurance company.

2. Scheduled Appointments

We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

3. Cancellation/ No Show Policy for Procedures

Due to the large block of time needed for procedures, last minute cancellations can cause problems and added expenses for the office. If a procedure is not cancelled at least 72 hours in advance you will be charged a five hundred dollar (\$500.00) fee \$250.00 for the physician and an additional \$250.00 for the facility; this **will not** be covered by your insurance company.

4. Account balances

We will require that patients with self-pay balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns.

Patients with balances over	\$100 must make payment arrange	ments p	rior to fut	ure appoi	ntments be	ing made.
		/_	/			
Print Name Patient	Signature Patient/Guardian	Date				
Patient Account #	(Office Use Only)				