



Atlanta Arthritis Center, P.C.  
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## **CANCELLATION AND NO SHOW POLICY**

We understand that situations may arise in which you must cancel your appointment. As a result, we request that if you must cancel your appointment that you provide more than 24 hour notice. This will enable another person who is waiting for an appointment to be scheduled in that slot. With cancellations made with less than 24 hours, we are unable to offer that slot to other person.

Follow-up appointments which are cancelled with less than 24 hours notification may be subject to a \$75.00 cancellation fee. Procedure cancellations require 5-7 business day advance notice, without notification they may be subject to a \$100 cancellation fee.

Patients who do not show up for their follow-up appointments or procedure appointments without a call to cancel will be considered a **NO SHOW**. Patients with No-Shows two (3) or more times in a 12 month period, may be denied future appointments which could ultimately result in being dismissed from the practice. As a reminder, patients may also be subject to a \$75.00 fee for follow-up appointments NO SHOW and \$100 procedure NO SHOW fee.

The cancellation and no show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions regarding cancellation and no show fees should be directed to the Billing Department 678-867-0000 ext 101.

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\_\_\_\_\_  
Signature of Patient or Patient Representative

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PATIENT NAME (Please Print)

Date of Birth \_\_\_\_\_  
Date \_\_\_\_\_