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SPINAL DISORDERS
JOINT REPLACEMENT
SPORTS MEDICINE
PEDIATRIC ORTHOPAEDICS
QUALIFIED MEDICAL EXAMINER

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CANCELLATION AND NO SHOW POLICY

Our office understands that situations arise in which patients need to cancel their appointments. It is kindly requested that if you need to cancel your appointment, please provide us with 48 hours notice. This will enable us to schedule other patients in the appointment time slot vacated. When cancellations are made with less than 48 hours notice other patients who are on a waiting list for an appointment have insufficient notice to be able to come in.

Therefore, we have instituted the following policy:

Cancellation: Patients whose appointments are cancelled with less than 48 hours notification are subject to a \$35.00 cancellation fee.

No Show: Patients who do not show up for their appointment without a call to cancel will be considered as a NO SHOW. Patients who “No – Show” three (3) or more times in a 12 month period may be dismissed from the practice and denied any future appointments.

Responsible Party: 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 48 hours. Fees in this instance may be waived but only with Management or physician approval.

Thank you for understanding our need to implement this policy.

Please sign below, showing that you have read, understand and agree to this Cancellation and No Show Policy.

Patient or Representative Name (Print Name) _____

Patient or Representative Signature _____ Date _____