



Cancellation and Missed Appointment Policy

Thank you for choosing Holtzman Medical Group, LLC for your care! We pride ourselves in our high-quality, evidence-based care and strive to make your experience as easy as possible. Your appointment time was scheduled exclusively for you and in an effort to best accommodate your schedule. We ask for the same courtesy in return. We will do our best to make sure that we run on time and make each appointment valuable to you and your needs. As a result of the time and energy placed into your treatment plan, we require a 24-hour cancellation notice.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel your appointment with at least a 24-hour notice by calling 781-770-4064. **This includes telemedicine appointments.**
2. If less than a 24-hour cancellation is given this will be documented as a “No-Show” appointment.
3. If you do not present to the office for your appointment, this will be documented as a “No-Show” appointment.
4. If you present more than 10 minutes late for your appointment, you **may** be marked as a “No-Show.”
5. Each “No-Show” will result in a \$50 charge. Please note that this charge is not covered by insurance.
6. If you have 3 “No-Show” appointments within a one-year time period, we may consider dismissing you from the practice

I have read and understand Holtzman Medical Group’s No Show Appointment Policy and understand my responsibility to plan appointments accordingly. I will notify the practice appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date

Patient Signature or Parent/Guardian if minor