

Delaware Medical Care Associates, LLC

Javed Rheumatology Associates, LLC

550 Stanton Christiana Road, Suite 103

Newark, DE 19713

Tel # 302-633-9033

NO SHOW FEE & CANCELLATION POLICY

Please be advised that effective immediately, failure to give notice of cancellation of an appointment or **NO SHOWING** an appointment can result in a charge of (as follows):

\$ 200.00 for Sleep Studies 72 hours notice required

\$ 100 .00 for Infusion 24 hours notice required

\$ 50.00 for PFT's (Breathing Test) 24 hours notice required

\$ 50.00 for Office Visit 24 hours notice required

\$ 25.00 for DEXA Scan 24 hours notice required

This charge cannot be billed to the insurance company. Failure to pay a no show fee will be treated according to our policy on unpaid balance, including the use of a collection agency if necessary. Medical care will not be withheld for a medical emergency. No showing (3) appointments can result in the patient being discharged from the practice, at the physicians discretion. **FEE WILL ONLY BE WAIVED IN CASE OF EMERGENCY LIKE; DEATH IN THE FAMILY, HOSPITAL ADMISSION, ILLNESS, ETC., BUT PROOF HAS TO BE PROVIDED.**

I have read and understood the above & received a copy:

Patient Name (please print) _____

Patient Signature _____ Date _____