

Delaware Medical Care Associates, LLC
Javed Rheumatology Associates, INC
550 Stanton Christiana Road, Suite 103
Newark, DE 19713
302-633-9033 (PHONE)

NO SHOW FEE & CANCELATION POLICY

Please be advised that effective immediately, failure to give notice of cancelation of an appointment or NO SHOWING for an appointment can result in a charge of:

\$200.00 for Sleep Studies without 72 hours' notice

\$100.00 for Infusion without 48 hours' notice

\$50.00 for PFT (Breathing Test) without 48 hours' notice

\$50.00 for Office Visits without 48 hours' notice

\$25.00 for DEXA Scans without 48 hours' notice

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 collection agency if necessary. Medical care will not be withheld for a medical emergency. No Showing for an appointment more than (3) times can result in the patient being discharged from the practice, at the physician's discretion.

FEE WILL ONLY BE WAIVED IN CASE OF EMERGENCY WITH PROOF GIVEN FOR A DEATH IN THE FAMILY, HOSPITAL ADMISSION, ILLNESS, ETC.

I HAVE READ AND UNDERSTOOD THE ABOVE NO SHOW FEE & CANCELATION POLICY:

PATIENT NAME (PRINTED): _____

PATIENT SIGNATURE: _____ DATE: _____