

**NORTH CAROLINA INTERNAL MEDICINE, PC
251 KEISLER DR., SUITE 300
CARY, NC 27518
CHINA K. GOLI, MD & ASWANI NAIDU, MD
TEL: (919) 851-1600 FAX: (919) 851-1666**

CANCELLATION POLICY

In order to be respectful of the medical needs of all our patients we ask that you please be courteous and call our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment.

If it is necessary to cancel your scheduled appointment we require that you call by 5pm the day before your scheduled appointment. Appointments are in high demand and your early cancellation will give another person the opportunity to have access to timely medical care.

If you cancel your appointment the same day your appointment is scheduled it is considered a late cancellation and is recorded in our system as a no show (see our no show policy below).

NO SHOW POLICY

A "no show" is someone who misses an appointment without canceling it as specified in the aforementioned cancellation policy. Failure to be present at the time of a scheduled appointment will be recorded in our appointment scheduler as a "no show." A no show for a regular follow up or previously scheduled sick visit will result in a \$50 no show fee. A no show for a complete physical exam or pap smear will result in a \$75 no show fee. These fees are not billable to your insurance and are required to be paid before you can schedule anymore appointments.

If you need to be seen, but have an outstanding no show balance you may walk in for a visit. If you walk in we will work you in as our schedule allows. Once your no show balance is paid you will be allowed to schedule regular appointments again.

By signing below, I acknowledge that I have read and understand the above cancellation and no show policies.

Patients Printed Name: _____

Patient Signature: _____ Date: _____