



Robinwood Family Practice
Robinwood Medical Center
Suite 107
11110 Medical Campus Road
Hagerstown, MD 21742
Phone: 301-714-4400
Fax: 301-714-4424

No-Show/Cancellation Policy

Cancellation Policy: If you schedule an appointment and are unable to keep it, please call to cancel at least **three business hours** prior to the appointment time. This allows another patient to use that time slot. Otherwise you are considered to be a no-show. There is a \$25.00 fee for no-shows. This fee is not billable to your insurance company.

No-Shows: An appointment that you do not show up for is considered a no-show. A charge of \$25.00 will be applied to your account. This fee is not billable to your insurance company.

Reminder Calls: Not getting a reminder call is not a reason to miss your appointment. This a courtesy call only. Using cell phones as your contact number may prevent you from receiving your reminder call.

****This policy also applies to same day appointments****

Should you no-show for 3 appointments, you may be discharged from the practice.

Failure to submit payment may result in being dismissed from the practice.

This policy is in place to help us better serve our patients.

I understand that I am expected to follow this policy as a patient at Robinwood Family Practice.

Print Name: _____

Signature: _____

Date: _____