



KEYSTONE RURAL HEALTH CONSORTIA, INC

Cancellation/No Show Policy

We at Keystone Rural Health Consortia, Inc. and all of our locations including Cameron County Health Care Center, Johnsonburg Dental Center, and Cameron County Dental Center understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours' notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot.

Office appointments which are cancelled with less than 24 hours notification may be subject to a \$30.00 cancellation fee.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Patients who do not show up for their appointment without a call to cancel will be considered as NO SHOW. Patients who No-Show three (3) times within a 12 month period will be discharged from the practice and denied any future appointments.

We understand that "special" unavoidable circumstances may cause you to cancel within 24 hours and fees in this instance may be waived but only with the Administrator's approval.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department at (814)486-1115.

Please sign that you have read understand and agree to this Cancellation and No Show Policy.

Patient Name (Please Print)

Date of Birth

Signature of Patient or Patient Representative

Date