



**SURGICAL
ASSOCIATES
OF NEW HAVEN**

Paul Barcewicz, M.D., F.A.C.S.
Michael K. O'Brien, M.D., Ph.D., F.A.C.S.
Kaye Zuckerman, M.D., F.A.C.S.

NO SHOW, CANCELLATION AND CO PAY POLICY

No Show Policy

A "no show" is when someone misses an appointment without canceling in advance. No shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your chart as a "no show". If there is a second "no show", a fee of \$25 will be billed to your account and sent to you. The fee will need to be paid in full before scheduling another appointment.

Cancellation of an appointment

In order to be respectful of the medical needs of our Community, please be courteous and call promptly if you are unable to make your scheduled appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our Community. If you need to cancel you appointment, we require that you call the office at 203-772-0650. Appointments are in high demand and your early cancellation will give another person the possibility to have timely medical care.

Co pay Policy

Per your insurance company it is the patient's responsibility to pay their co pay at the time of service. Unless arrangements are made in advance a \$10 processing fee will be added to the patients account.

I have read the above policies. I understand and agree to the office policy.

Patient Name: _____

Date: _____

Signature: _____

Temple Medical Center 203.772.0650
60 Temple Street • Suite 5A Fax: 203.785.9097
New Haven, CT 06510 www.sanh.org
6 Woodland Road • Madison, CT 06442