

MIDWEST UROLOGICAL GROUP

NO-SHOW POLICY

Patient Acknowledgement of No-Show Policy

I, the patient, have been notified that as of June 1, 2012, failure to give 24-hour notice before cancellation of an appointment or not showing up for my appointment will result in a charge of \$25.00 to my account. This charge cannot be billed to my insurance company, and I will be responsible for this charge.

Patient signature

Date

Implemented 6/1/12