



Patient Acknowledgment – Appointment No-Show Policy

Dear Patient,

At **Serene Health OB/GYN & Wellness**, we are committed to providing quality care to all our patients. To ensure availability for those in need, we have instituted a **No-Show Appointment Policy**. A missed appointment with less than **24 hours' notice** limits our ability to accommodate other patients.

No-Show & Cancellation Policy:

1. If you need to **cancel** an appointment, please notify our office at least **24 hours in advance** by calling **(954) 581-8706** during business hours:
 - Monday – Thursday: **8 AM – 5 PM**
 - Friday: **8 AM – 12 PM**
 - You may also cancel via **email or voicemail**.
2. **Missed appointments** without a 24-hour notice ("No-Show" or "No Call") will incur a **\$50.00 fee**.
3. This fee **is not** billable to insurance.
4. If you arrive **15 minutes late**, your appointment may be **canceled and rescheduled**.
5. As a courtesy, we send **appointment reminders** 1-2 days in advance. However, failure to receive a reminder does not exempt you from this policy.

If you have any questions, please let our staff know—we are happy to assist you.

Acknowledgment of Policy:

I have read and understand the **Appointment No-Show Policy** and acknowledge its terms. I also understand that these terms may be updated by the practice.

Patient Information:

Print Name: _____

Date of Birth: _____

Signature: _____ **Date:** _____

Thank you for your understanding and cooperation.

Best regards,

Serene Health OB/GYN & Wellness