



# Associates in Gastroenterology, S.C.

Nadeem Siddiqui, MD

820 E. Grant Street, Suite 230

Appleton, WI 54911

Ph: 920-738-7300 Fax: 920-738-7301

## Appointment/No Show Policy

When you schedule an appointment with one of our providers that time is reserved exclusively for you to discuss and review your medical concerns. We do understand that on occasion unforeseen circumstances do arise and the need to cancel your scheduled appointment may be necessary. If you know that you will be unable to keep your appointment, we ask you to show consideration by calling our office at least 24 hours in advance. Providing our office with adequate notice will allow us to offer that appointment time to another patient who needs to see the physician.

The following no-show and/or late cancellation fees will be assessed for routine appointments:

1. First No Show/ Late cancellation: No Charge
2. Second No Show/ Late cancellation: \$25.00 Charge
3. Third No Show/ Late cancellation: \$50.00 charge and discharge from care

The Following no-show and/or late cancellation fee will be assessed for failing to give at least 36 hour notice of the need to cancel a scheduled procedure: \$100.00

**\*\*These charges are not billable to your insurance and will ultimately be the responsibility of the patient. All no show charges will need to be paid before your next appointment with the physician. \*\***

I have read and understand the above policy:

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Signature

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Date

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Name (print)