

Endocrine Associates of the Quad Cities

Cancellation/No Show/Copay Policy

Due to certain circumstances patients do need to cancel their appointments. We request that you provide a 24 hour notice if you need to reschedule or cancel your appointment so that it can be filled by another patient in need of care. If you do not reschedule or cancel within 24 hours you may be charged a cancellation fee of \$25-50 depending on the visit type.

You can reschedule your appointment by call during office hours only 309-788-0014 or 563-293-3131. Phones are on from 8:30-12:00 and 1:00-4:30 Monday through Thursday and 8:30 to 12:30 on Friday. We ask that you do not call after business hours as this is not an emergency.

We do make courtesy reminder calls 2-3 days in advance. These are only courtesy and not a guarantee. It is your responsibility to remember your visits and lab orders. It is your responsibility to update your information including address, phone number and insurance. If this is not correct we will not be able to get ahold of you or bill the correct insurance and this may cause a delay in services.

If you do not show up to your appointment or procedure this is considered a NO SHOW. You will be charged a \$25-50 no show fee depending on the visit type. If you do not call we do not know why you were not here. If you have too many no shows or cancellations you may be discharged from the practice and no further care will be provided and a certified letter informing you of this will be sent to you.

Copays and outstanding balances are due at the time of service. If you cannot pay at time of service please call the office ahead of time and make other arrangements. Once we have sent 3 statements without a response the bill may be sent to collections. If a bill is sent to collections you may be discharged from the practice and your future appointments will be cancelled and no further care will be provided and a certified letter informing you of this will be sent to you.

Delays can happen but we must try to stay on schedule for other patients and providers. If a patient is more than 15 minutes late it is up to the discretion of that provider whether the appointment needs to be rescheduled.

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as an office, it's our expectation to tre abusive or threatening behavior towar the practice.	, ,	•
By signing below you have read and ur	nderstand our policies.	
Patient Name/DOB	Patient Signature	 Date