

Hope Starkman, MD

1880 N Congress Ave Boynton Beach Fl 33426

Ocean Ridge Arthritis Associates, PA

(561)736-9699

Advanced Acupuncture Alternatives, PA

Today's Date _____

Date of "No Show" or Missed appointment _____

Patient was called or recalled on the following Dates _____

I am being notified that I am receiving this letter because I either failed to show for my last appointment, did not give a 24 hour notice of cancellation or could not be seen on my last appointment because I did not have the appropriate referral or insurance information, or because I changed my insurance to a different plan with which the above provider does not accept.

I acknowledge that it is my responsibility to keep my appointments and if I am not able to the above provider expects me to cancel 24 hours in advance of the appointment, This does not mean leaving a message with the service the night before.

I acknowledge that getting my referral is my responsibility and that if I cannot be seen for lack of referral this will be treated the same as a no show.

I will be charged 25 dollars if I fail to show for an appointment or do not give 24 hour notice in advance. If I was new I may be charged 50 dollars. If I repetitively "No Show" I may be asked to pay for the entire visit or be dismissed from the above practice.

Name

Date