Cancellation Policy/No Show Policy for Doctor Appointments

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement an appointment/cancellation policy. The policy enables us to do better utilize available appointments for our patients in need of medical care.

1. Cancellation/No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book.

A “no show” is someone who misses an appointment without canceling it within a 24 hour working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

How To Cancel Your Appointment

If it is necessary to cancel your scheduled appointment, we require that you call one working day in advance. Appointments are high in demand, and your early cancellation will give another person the possibility to have access to timely medical care.

To cancel an appointment, please call our office 8:00 am through 4:30 pm at (703) 370-0400, press option 3 then option 2 to speak with a receptionist. You may also cancel via e-mail within 24 hours working day after office hours at physiciansforwomen.net or through our patient portal.

2. Scheduled Appointments

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. If you are running late, please notify the office.

If a patient is 15 minutes past their scheduled time, we may have to reschedule your appointment.

The following are charges for services in the office:

Same Day Appointment Cancellation $35.00 No Show Fee- $70.00

Medical Records Fee- $.50 cents per page up to 50 pages, then $.25 cents a page over 50 pages thereafter for copies plus postage and shipping costs (shipping costs not to exceed ten dollars)

Lost Prescription Fee- $20.00 Returned Check Fee- $50.00

Disability/FMLA or any forms to be completed by Doctor: $25.00 per form

_____________________________ ________________________________
PRINT PATIENT NAME SIGNATURE/PARENT/GUARDIAN DATE

PATIENT ACCOUNT NUMBER____________________ (OFFICE USE ONLY)