

CALIFORNIA ORTHOPAEDIC SPECIALISTS

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No Show, Cancellation and Late Arrival Policy

Thank you for trusting your medical care to California Orthopaedic Specialists. When you schedule an appointment with California Orthopaedic Specialists we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and **no later than 24 hours prior** to your scheduled appointment. This allows us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Any established patient who fails to show or cancels/reschedules and has not contacted our office with at least 24 hours' notice will be considered a No Show and charged a \$50.00 fee.
- Any established patient incurring three or more No Show or Cancellations/Reschedules with less than a 24-hour notice may be dismissed from California Orthopaedic Specialists.
- Late arrivals of greater than 15 minutes may be asked to reschedule unless the physician can accommodate the adjustment in their schedule. You may be worked in between patients. This could result in a considerable wait time. Please note that priority will be given to the patients who arrive on time.
- No Show fees are billed to the patient, not the insurance company, and **is due at the time of the patients next office visit.**
- Workers Compensation patients that miss a P&S Evaluation appointment will be automatically made permanent and stationary effective the date of your last appointment and your adjustor will be notified.
- As a courtesy, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact your doctor's assistant or in office Workers Compensation Coordinator directly.

I have read and understand the No Show, Cancellation and Late Arrival Policy and agree to its terms.

Print Name

Signature

Date