No Show/Cancellation Policy

In order to provide the most efficient scheduling to our patients, **Digestive Disease Group, PA (DDG)** and **The Greenwood Endoscopy Center, Inc. (GEC)** need to keep appointment cancellation and "no show" activity to a minimum. To accomplish this, cancellation and "no-show" fees will be charged to the patient if procedures are cancelled without proper advance notice, or if the patient does not show up for a scheduled office visit or procedure.

Our automated system will attempt to call the contact number we have on file prior to your scheduled appointment. Please note this is a courtesy call only. If we are unable to reach you, this does not relieve you of the responsibility of keeping the appointment you scheduled. It is the patient's responsibility to communicate to DDG and GEC any changes in address, telephone number, email address, and insurance information that we need to maintain on file.

Office Visit/Consultation Cancellation Notice Requirements:

Office visit cancellations must be made 24 hours prior to your appointment. Failure to provide the required advance notice will result in a $25.00 cancellation fee.

Consultation cancellations must be made 24 hours prior to your appointment. Failure to provide the required advance notice will result in a $50.00 cancellation fee.

Procedure Cancellation Notice Requirements:

Procedure cancellations must be made 48 hours prior to your appointment. Failure to provide the required advance notice will result in a $100.00 cancellation fee.

No show and cancellation fees will be required to be paid prior to rescheduling. These charges will not be billed to your insurance company. New patients who fail to keep their first appointment, or established patients who miss (including rescheduled and late cancels) more than two appointments, will require approval from a physician at DDG and/or GEC before rescheduling.

By signing this cancellation policy, you acknowledge that you have read and understand the no show/cancellation policy of Digestive Disease Group, PA and The Greenwood Endoscopy Center, Inc.

Patient's Name: _____ Date: _____

Patient's Signature: _____