

RHEUMATOLOGY ASSOCIATES, P.A.

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Cancellation and Missed Appointment Policy

Our goal is to provide quality medical care in a timely manner. “No-shows” and late cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

Cancellation of an Appointment

In order to be respectful of the medical needs of other patients, please be courteous and call the office promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of medical treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment

To cancel an appointment, please call 843-571-6067. If you do not reach the receptionist, you may leave a detailed message with our answering service. If you would like to reschedule your appointment, leave your phone number. We will return your call and give you the next available appointment.

Late Cancellations:

A late cancellation is when a patient fails to cancel their scheduled appointment with a 24-hour advance notice. This will be recorded in your medical record as a late cancellation.

No-Show Policy:

A “no-show” is someone who misses an appointment without cancelling. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a “no-show”.

Any cancellations with less than 24 hours of notice or a “no-show” for a scheduled appointment are subject to a \$25.00 fee. For a New patient, the fee is \$50.00.

We understand that emergencies do sometimes occur. However, if you show a pattern of repeatedly not keeping your scheduled appointments, you may be discharged from the practice.

By signing below, you acknowledge that you have read and understand the Cancellation and Missed Appointment Policy. Thank you for your understanding and cooperation.

Signature

Date

