



**No Show/Cancellation/Reschedule Financial Penalty Policy
Acknowledgement Form**

In an effort to provide better access for our patients to be seen in a timely manner we have now found it necessary to implement a No Show/Cancellation/Reschedule Policy.

It is CSC's general policy that for:

Consultations, Treadmills, Office Visits and Cardiac Monitors (KOH, Holter, Heart Card):

If a patient no-shows or does not cancel or reschedule an appointment 24 hours prior to the scheduled appointment time we will implement a \$40.00 charge directly to the patient. CSC will not bill insurance companies for this fee.

Echo, Vascular Testing:

If a patient no-shows or does not cancel or reschedule an appointment 48 hours prior to the scheduled appointment time we will implement a \$100.00 charge directly to the patient. CSC will not bill insurance companies for this fee.

Nuclear, CT Testing:

If a patient no-shows or does not cancel or reschedule an appointment 48 hours prior to the scheduled appointment time we will implement a \$200.00 charge directly to the patient. CSC will not bill insurance companies for this fee.

This is to acknowledge that I have read and understand the No Show/Cancellation/Reschedule Policy for Cardiac Study Center, INC., P.S. and understand that not following the guidelines set above will result in a financial charge being billed to me directly.

Signature: _____

Account Number: _____

Date: _____