

DR. SHAIK UBAID MEDICAL PRACTICE, PLLC
101 JORDAN ROAD, SUITE 202, TROY, NY 12180-8309
PH: 518-272-4601 FAX: 518-272-4600

Cancellation and No Show Policy

We understand that you may need to cancel an appointment occasionally. In such circumstances, please contact us no later than 48 hours before your scheduled appointment time. You may do so by calling 518-272-4601.

Office appointments which are cancelled with less than 24 hours notification may be subject to a **\$50.00** cancellation fee. Patient may also be subject to a \$50.00 fee for not showing to an appointment.

Cancellation less than 48 hours will be reviewed on a case-by-case basis. *If you have questions about our cancellation policy, or you're experiencing an emergency, please contact our office.*

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered a **NO SHOW**. Patients who no-show two (2) or more times in a 12-month period, may be required to pay for all the no show fees before scheduling any future appointments.

NOTE: THESE FEES ARE NOT COVERED BY YOUR INSURANCE COMPANY AND ARE THE SOLE

RESPONSIBILITY OF THE PATIENT AND MUST BE PAID IN FULL BEFORE THE NEXT APPOINTMENT.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Your health is important to us.

Please sign that you have read and understand this Cancellation and No Show Policy.

Patient Name (Please Print) Date of Birth

Signature of Patient or Patient Representative Date Signed