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## APPOINTMENT CANCELLATION/NO SHOW POLICY

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement an Appointment Cancellation/No Show Policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

Please be courteous and call our offices if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary for you to cancel your scheduled appointment, please contact our offices no later than twenty four (24) hours in advance. Your early cancellation will give another person the possibility to have access to timely medical care.

Each time a patient misses an appointment without providing notification (no-shows), another patient is prevented from receiving care. A failure to be present at the time of your scheduled appointment will be recorded in the medical record, and an administrative fee of \$35.00 will be assessed to the account. A letter will be generated and mailed to the address on file to alert the patient that they have failed to show up for an appointment. If an individual has three (3) no-shows within a one year period, they may be discharged from the practice.

While we understand that situations may arise preventing patients from arriving to their scheduled appointment on time, if a patient is more than fifteen (15) minutes late for their appointment **without notifying the office**, the appointment may be canceled.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you may have. We thank you in advance for your cooperation and understanding. By signing below you acknowledge that you have been presented with the above policy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness