

Peachtree Primary Care, PC

1570 Old Alabama Rd, Suite 105 Roswell, Georgia 30076

Telephone: 770-676-6838 Fax: 770-676-6840

Cancellation Policy Missed Appointment Policy

In order to keep our services affordable and provide ease of healthcare access to all patients, we have the following policies in place. Please review carefully. If you have any questions, please do not hesitate to discuss with the front desk staff.

Cancellation Policy – In case cancellation of an appointment is necessary, we require at least a 24 hours advance notice. Failure to provide us with adequate cancellation notice will result in a \$25 late cancellation fees.

Initial: _____

Missed Appointment Policy – Missed appointments also referred to as *No Call/No Show* are subjected to a \$25 missed appointment fee. Such fee is not paid by your insurance carrier and is patient responsibility. It will be due prior to seeing the physician for any future appointments.

For your convenience, you may call us 24 hours a day / 7 days a week to cancel or reschedule your appointment. When calling after hours, please feel free to leave a detailed voicemail.

Initial: _____

Print Name

Signature

Date