

3998 Fair Ridge Dr., Suite 100 • Fairfax, VA 22033 • Phone: 703.591.0077 • Fax: 703-591-0080 • www.handsurgeonfairoaks.com

Patient Acknowledgement of Appointment Cancellation/ No Show Policy

- Effective December 1, 2023, any established patient who fails to show or cancels an appointment and has not contacted our office with at least 24 hours' notice, will be charged- at the following rates:
 - **15 min** appointments late cancel or no show fee is **\$50.00**.
 - **30 min** or more appointments late cancel or no show fee is **\$75.00**.
- Any new patient who fails to show for their initial visit will be charged a \$75.00 fee that will be collected prior to rescheduling their appointment or they will be sent a bill.
- This fee is charged to the patient, not to your insurance company, workers compensation company or your attorney and is due at the time of the patient's next office visit.
- If you are **20 or more minutes late** for your appointment, the appointment **may be** cancelled and rescheduled.