

*Advanced Surgical Associates, P.A.*

---

**CANCELLATION POLICY**

Advanced Surgical Associates, P.A. understands that occasionally, you will be unable to attend your scheduled appointment. When this happens, we ask that you kindly notify our office as early as possible, so that we may open your appointment time to patients who may need more immediate care. We request that, when possible, you provide 24 hours notice.

Unfortunately, we have frequently experienced patients missing their appointments without any advance notice to Advanced Surgical Associates, P.A. Such occurrences are detrimental to both our business and to our other patients waiting for an appointment.

Please be notified that the following fees will be charged when an appointment is missed without advance notice.

**Missed Appointment for a Scheduled Procedure**

Each Occurrence:           \$50.00

**Missed Appointment for All Other Scheduled Office Visits**

First Time:                   Excused  
Each Occurrence After:   \$35.00

I have read and understand the cancellation policy stated above and agree to accept responsibility as described.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
( patient or responsible party)