

KENNY R. SINERVO, MD FRCSC LLC
Center for Endometriosis Care



*A COEMIG-Designated Center of Excellence in Minimally Invasive Gynecologic Surgery
A Center of Expertise in Endometriosis*

6105 Peachtree Dunwoody Road | Building B, Suite 230 | Atlanta, GA 30328
Toll Free Telephone (866) 733-5540 | Direct (770) 913-0001 | Fax (770) 913-0005
Web: CenterForEndo.com | CenterForEndometriosisCare.com

Ken R. Sinervo, MD, MSc, FRCSC, ACGE, Medical Director
Robert B. Albee, Jr., MD, FACOG, ACGE, Founder
Nicholas Kongoasa, MD, FACOG, Associate

Cancellation/No Show Policy for Office Appointments

At Kenny R. Sinervo MD, FRCSC LLC/Center for Endometriosis Care (hereinafter referred to as 'CEC'), our goal is always to provide our patients with high quality, individualized medical care in a timely manner. In order to serve all of our patients better, we would like to advise you of our policy regarding late cancellation notice and/or 'no-shows' for office appointments. This policy enables us to render excellent service to all CEC patients and be respectful of everyone's needs.

"Late Cancellation:" notice of cancellation is considered **late** when a patient fails to cancel their appointment within at least **24 hours** of their allotted date and time

"No-Show:" when a patient **fails to be present** at the scheduled time and date of their appointment

Dr. Sinervo, Dr. Albee, Dr. Kongoasa and our entire staff spend a great deal of time preparing for your visit, and appointments are made by the CEC through use of a system that sets aside specific blocks of time just for your care. As a courtesy, we do make reminder calls for appointments, and we understand there may be times when you must miss your scheduled slot due to emergencies or unforeseen obligations. However, when patients do not show up for their appointment or fail to notify us by phone of their inability to keep the appointment at least 24 hours in advance, that time cannot be reallocated to another individual who is also in need of our care. As such, in accordance with American Medical Association¹ recommendations, our office has implemented the following policy regarding late cancellations and no-shows:

First Late Notice/Missed Appointment: if your appointment is not cancelled at least 24 hours in advance or you fail to show, **you will be charged a twenty-five dollar (\$25) fee**; this fee is not covered by your insurance company.

Second Late Notice/Missed Appointment: if your appointment is not cancelled at least 24 hours in advance or you fail to show, **you will be charged a fifty dollar (\$50) fee**; this fee is not covered by your insurance company.

Third Late Notice/Missed Appointment: if your appointment is not cancelled at least 24 hours in advance or you fail to show, **you will be charged a seventy-five dollar (\$75) fee and discharged from our practice**; this fee is not covered by your insurance company.

How to Reschedule/Cancel Your Appointment: to cancel or rebook your appointment, **you must call 770-913-0001 within 24 hours of your scheduled appointment slot.**

Thank you so much for taking the time to read and appreciate our position on this matter.

I HAVE READ AND UNDERSTAND THE POLICIES LISTED ABOVE:

Printed Name (parent or guardian if minor)

Signature

Date

1. AMA Code of Medical Ethics; Opinion 8.01. American Medical Association, Chicago, IL 60611-5885.