

# South Seminole Surgical Group

## No Show/Cancel Policy

Effective September 1<sup>st</sup> 2008 you will be charged a **\$25.00** **fee** for missed appointments or appointments cancelled with less than 24 hours notice. This fee must be paid prior to any future appointments. Thank you for your cooperation.

\_\_\_\_\_  
Signature of patient, parent, or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of patient, parent, or legal guardian

\_\_\_\_\_  
Witness