



Herrera Health Services
Aryeh L. Herrera, M.D., F.A.C.S.

ARYEH L. HERRERA, M.D., F.A.C.S.
BOARD CERTIFIED
PLASTIC & RECONSTRUCTIVE SURGERY

GENERAL RECONSTRUCTION
MICROVASCULAR SURGERY
MAXILLOFACIAL SURGERY
HEAD AND NECK CANCER
COSMETIC SURGERY
BREAST SURGERY
HAND SURGERY
WOUND CARE

Appointment Cancellation/No Show Policy

Thank you for trusting your medical care to Herrera Reconstructive Surgery (HRS). When you schedule an appointment with HRS we set aside enough time to provide you with the highest quality care. This is time that has been allocated to you and no longer available for anyone else. We therefore ask that in the event you should you need to cancel or reschedule an appointment, to please contact our office as soon as possible and no later than 24 hours prior to your scheduled appointment. This allows time to schedule other patients already on our waiting appointment list. Please read our Appointment Cancellation/No Show Policy below:

- Any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice will be considered a No Show and charged a \$75.00 fee.
- Any established patient who fails to show or cancels/reschedules an appointment with no 24 hour notice a second time will be charged a \$100.00 fee.
- If a third No Show or cancellation/reschedule with no 24 hour notice should occur the patient **will** be dismissed from our practice.
- Any new patient who fails to show for or reschedule their initial visit **will not** be rescheduled.
- The fee is charged to the patient, not the insurance company and is due at the time of the patient's next office visit.

As a courtesy, we make reminder calls for appointments; your schedule is your responsibility. The **No Show Policy** remains in effect whether or not you receive a reminder call or message. We are aware there may be times when an unforeseen **emergency** may prevent you from keeping your scheduled appointment. Our office line (301-739-7790) is monitored 24 hours a day, 7 days a week for you to notify us of such an event or to contact us for any reason.

Patient/Guardian Signature

Date

Printed Name

Staff Signature