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No Show & Missed Appointment Policy

Effective, April 4, 2018

I, _____ understand that failure to notify Fairfield Medical Group, LLC within 24 hours of my appointment and/or failure to show up to an appointment, that I may be charged a fee of **\$30.00** for missed follow up or problem visit appointments, or **\$50.00** for missed physical examination or pre-operative appointments.

I also understand that this fee is not reimbursable by my insurance policy and it is my responsibility to pay for services missed.

Patient Signature

Date

Date of Birth