



DIGESTIVE DISEASE
ASSOCIATES

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GASTRO
HEALTH



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Gastrointestinal Diagnostic Center
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GastroHealth.com/Maryland

APPOINTMENT CANCELLATION / NO-SHOW POLICY

Digestive Disease Associates, now in partnership with Gastro Health, is privileged to provide medical and endoscopic treatment for our patients. We work diligently to maintain our high level of professional and personalized service and strive to accommodate our patient's needs for office visits and procedures in a timely manner. This requires careful planning and coordination amongst many individuals in our office.

We understand that emergencies arise from time to time for our patients, just as they do for us. However, when a patient cancels an appointment or procedure without adequate notice, or simply fails to keep an appointment, we cannot use that time to serve the needs of our other patients. Therefore, we have developed this policy regarding failure to keep appointments or cancelled appointments without adequate notice. This policy will also apply to scheduled procedures, but the monetary consequences will be greater. We respectfully request your understanding and agreement to our policy as is stated below.

OFFICE VISITS

Any established patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hour in advance of their appointment will be charged a fee of \$50.00 per occurrence. For Monday appointments, cancellations must be made by noon on the preceding Friday. If an established patient fails to keep three appointments or fails to give adequate notice on three occasions, the practice will have the right to dismiss that patient.

PROCEDURES

Any patient who fails to keep an appointment for a procedure (upper endoscopy, colonoscopy, flexible sigmoidoscopy, endoscopic retrograde cholangiopancreatography) or Remicade infusion; or who cancels or reschedules an appointment less than 48 hour in advance of their procedure or infusion will be required to pay \$100.00 per occurrence. For Monday appointments, cancellations must be made by noon on the preceding Thursday. If an established patient fails to keep two appointments or fails to give adequate notice on two occasions, their primary care physician will be notified, and the practice will have the right to dismiss that patient from the practice.

FEES

All fees charged by Digestive Disease Associates, now in partnership with Gastro Health, pursuant to this No-Show / Cancellation Policy are not payable by your insurance company.

All fees are payable on or at your next office appointment or within 30 days of receipt of billing statement for that fee, whichever is earlier.

If you believe you were charged this no-show fee in error, we allow 30 days from the appointment to dispute this charge in writing:

Email Please send the email through our website at ddamd.com. Select the Contact Us tab (at the top) and then Question about a bill in order to access the Billing Question Form for submission.

(Please enter your doctor's name in the subject line of the e-mail)

Standard Mail: Gastro Health - Maryland
Attention: Division Vice President
700 Geipe Road, Suite 201
Catonsville, Maryland 21228

Please remember that it is your responsibility to make certain that we have updated and/or accurate phone numbers and addresses so that we may contact you promptly.

Thank you for your consideration and understanding of our policy.

Patient signature: _____ Date: _____