

Patient Name: _____

NO-SHOW | CANCELLATION POLICY

Thank you for trusting your medical care to Midwest Aortic & Vascular Institute (MAVI). When you schedule an appointment with MAVI we set aside enough time to provide you with the highest quality medical care. Should you need to cancel or reschedule an appointment, please call our office as soon as possible. This policy is created to ensure our ability to respectfully care for all patients in a professional and timely manner, by offering open appointment times to those who need them.

Patient Requirements:

Patients unable to make their scheduled appointments are required to notify our office by calling at (816) 842-5555, at least 24 hours prior, to avoid a \$25 charge. If the office is closed, please leave a message with the answering service. If weather or illness related, please call as early as possible the day of the appointment to avoid a charge.

Patients are responsible for updating their personal and insurance information with our office. Please carefully review this information on each visit.

MAVI Guidelines:

As a courtesy we make an effort to confirm scheduled appointments, however, patients are responsible for their appointment time whether they've received a reminder or not.

Appointments not cancelled at least 24 hours in advance will be billed a \$25 No-Show/Cancellation fee.

Insurance companies DO NOT PAY cancellation fees.

If you repeatedly miss appointments, we will refer you to another provider.

I have read and understood the above policy, agree to abide by the guidelines and pay any fees I incur.

Patient/Guardian/DPOA Signature

Date