



## **NO SHOW POLICY**

Jagannathan Neurosurgical Institute PLLC has a no show policy requiring patients to cancel their appointment 24 hours in advance so that the associated time slot can be filled with patients that are eagerly awaiting an appointment or for more urgent referrals. Given our volume of patients, it is critical that we maximize the use of our clinic time in order to maintain our ability to offer neurosurgical services to the community in a reasonable and timely manner.

Patients are responsible for keeping their scheduled appointments and for arriving on time. If you arrive later than 30 minutes after your scheduled appointment, you may be asked to reschedule your appointment in order to accommodate patients that have arrived on time. However, it is more likely that you will simply be required to wait longer until you can be integrated into the current patients that have arrived in a timely manner.

If you are unable to keep your scheduled appointment, please cancel at least 24 hours prior to your scheduled appointment time. If the clinic is closed, please leave a message on the answering machine.

A no show deposit will be charged if a patient does not show up for a second scheduled appointment (without notifying the clinic within 24 hours) and wishes to make a third appointment. In this case there will be a \$25.00 deposit required in order for a third appointment to be scheduled. The \$25.00 deposit will be applied to any co-pay or balance the patient may have or if no money is due, returned to the patient only upon their timely arrival to their third scheduled clinic visit. If they do not show up for their third scheduled clinic appointment (without a 24 hour notification) then they will not be able to reschedule an appointment and should seek neurosurgical management elsewhere. Any patient in this situation that develops urgent spine or neurosurgical issues should proceed immediately to the emergency room for prompt evaluation. Thank you for your cooperation in this matter as this will assist us in maintaining the efficient use of our clinic time in order for us to better serve our community.

***I agree to the above conditions and have been given the ability to ask any associated questions that I may have regarding this protocol.***

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**Patient's Signature**

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**Date**