



Procedure Cancellation / No Show Policy

Thank you for trusting your care to Shore Gastroenterology Associates. We have set aside reserved time to provide you with the highest quality of care. To respect our providers time and ensure that we can offer the best service to all our patients, we have updated our cancellations / no show policy. Please carefully consider your procedure date before scheduling. **Should you need to cancel or reschedule your Upper Endoscopy (EGD) or Colonoscopy, please contact our office no later than one (1) week prior to your scheduled procedure. Patients scheduled for both Upper Endoscopy (EGD) and Colonoscopy together must call two (2) weeks prior to cancel or reschedule.** This allows the office to accommodate other patients who may be waiting for an available time slot. No Shows and late cancellations / reschedules reduce our availability to other patients. **Please carefully read our procedure cancellation / No Show policy below:**

- Any patient that fails to show or cancel / reschedule a procedure date and has not contacted our office at least one (1) week prior will be considered a no show and charged a fee of \$500
- If a procedure needs to be canceled / rescheduled due to reasons of patient non-compliance, (such as not following dietary restrictions as instructed prior to procedure, not getting bowel prep ahead of time, and not stopping medication as instructed) less than one (1) week prior you will be charged a fee of \$100
- Any patient scheduled for both UPPER ENDOSCOPY (EGD) / COLONOSCOPY who does **NOT** cancel / reschedule at **least two (2) weeks prior** to the scheduled procedure will no longer be able to reschedule both procedures at the same time.
- Multiple cancellations / reschedules may result in dismissal from the practice.
- No Show / Cancellation fees are not covered by insurance and are the sole responsibility of the patient.

We understand that unforeseen circumstances may occur such as personal illness, medical reasons and you may not be able to keep your scheduled procedure date. We kindly ask that you contact the office as soon as possible.

I have read and understand the Procedure Cancellation / No show policy and agree to the terms.

Signature (Parent/Legal Gaurdian)

Date of Birth

Printed Name

Date