KAHN, RISKIN & SANTIAGO, MD's, P.A.

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1 SW 129th Ave #401 Pembroke Pines, FL 33027
Phone- (954) 450-8980 Fax-(954) 441-9033

NO-SHOW POLICY

Dear Patient:

We understand that there are legitimate reasons for having to cancel an appointment. We ask you to show consideration by calling well in advance if you are unable to keep an appointment. We would like to have an option to offer that appointment to another patient who needs to see the doctor. Please let this notice serve to notify you that if you fail to give us a 24-hour notice of cancellation, there will be a $50.00 cancellation fee billed to your account that cannot be filed to your insurance.

Signature of Patient:______________________________________Date:_____________

Printed Name:____