LENOX MEDICAL CLINIC

3042 Oakcliff Rd, Ste 200 | Doraville, GA 30340

PH: 770-458-8497 | FAX: 770-220-2839 | lenoxmedicalclinic.com

Sudha Challa, MD

Appointment, No-Show, and Cancellation Policy

Please read this policy carefully before signing.

OUR COMMITMENT TO YOU

We reserve appointment times specifically for each patient. When an appointment is missed or cancelled without adequate notice, that time cannot be offered to another patient in need. We appreciate your courtesy in notifying us as early as possible when you need to change or cancel an appointment.

CANCELLATION REQUIREMENT

We require at least **24 hours advance notice** to cancel or reschedule an appointment. You may cancel by calling our office at 770-458-8497 during business hours. After-hours cancellations may be left as a voicemail message.

NO-SHOW AND LATE CANCELLATION FEE

A fee of **$100.00** will be charged in the following situations:

- You do not arrive for your scheduled appointment without prior notice ("no-show")
- You cancel your appointment with less than 24 hours advance notice without a compelling reason acceptable to our staff
- You arrive significantly late and your appointment cannot be accommodated

This fee is NOT covered by insurance and is the patient's personal financial responsibility. Outstanding no-show or late cancellation fees are generally expected to be resolved before your next routine appointment is scheduled. Please contact our office at 770-458-8497 if you have questions about an outstanding fee.

REPEATED NO-SHOWS

Three (3) or more missed appointments within any 12-month period may result in discharge from our practice. If this occurs, you will be notified in writing and provided with 30 days of continued access to care for urgent needs while you establish care with another provider.

EXCEPTIONS

We understand that unexpected emergencies occur. Fees may be waived at the discretion of our staff in the event of a documented medical emergency or other compelling circumstance. Please contact our office as soon as possible to explain your situation.

LATE ARRIVALS

If you arrive more than 15 minutes late for your appointment, we may need to reschedule your visit. We will make every effort to accommodate late arrivals when our schedule permits.

By acknowledging this policy, I confirm that I have read and understand the Appointment, No-Show, and Cancellation Policy of Lenox Medical Clinic and agree to comply with its terms.

Patient Full Legal Name (Print)	Signature of patient or Authorized Representative	Date

If Signature of patient or Authorized Representative - Full Legal Name Print	Date