

# Bellaire Neurology, PA

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## Multiple No Show/Late Cancellation Policy

Patients who fail to show up for their appointments or fail to give **two (2) business days** notice before canceling their appointments place an extra burden on the staff of Bellaire Neurology. Furthermore, since the appointment goes unfilled, this represents either a delay to see another patient or a financial burden to Bellaire Neurology. Therefore, Bellaire Neurology has implemented the following policy:

- Patients with two (2) or more “no shows” or “late cancellations” in the last ten (10) visits are required to sign this “Multiple No Show/Late Cancellation Policy” prior to scheduling their next appointment. After two missed/late cancellation appointments, this form must be returned with a credit card authorization or check prior to scheduling the next appointment. A fee will not be charged at that time however if the patient no shows or gives less than two (2) business days’ notice a subsequent time the credit card will be charged the \$100 fee.
- *New patients* who fail to show for their first appointment or reschedule/cancel with less than two (2) business days notice will be required to sign this form before scheduling a second new patient appointment. If they do not show or give proper notice for their second appointment, they will be charged the \$100 fee.
- If the patient chooses to pay by check/cash, then a \$100 deposit will be placed on the patients’ account. If it is used, then another \$100 deposit must be paid. If the \$100 deposit is not used after 10 consecutive visits without a subsequent late cancellation/no show, then a refund will be issued. It will also be returned upon patient request if they are not returning to our office. Please fill out the bottom portion of this form and either fax it back to the office at 713-715-6367 or return it via the portal.
- Missed appointment fees are not eligible for reimbursement from any consumer-directed healthcare account. Please do not use an HSA/Flexible Spending debit card.
- We validate credit/debit cards to ensure accurate entry and available funds. If you use a debit card linked to a bank account, \$100 will be temporarily removed from your account when your card is validated and saved by our staff. It may take 1-3 days to see the funds issued back into your account.

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- I have read the above and understand. I will pay \$100 in the form of a **check/cash** for you to place as a deposit on my account. *(Please return your payment with this signed agreement.)*
- I have read the above and understand. I agree for you to charge my **credit card** for \$100 if I should no show or cancel with less than 2 business days’ notice.
- (Optional Check Box) I would like for you to use this credit/debit card for any remaining balances after my claims are processed by my insurance. I understand you will send a message via the portal with the amount you are charging. I will receive a same day discount on any amounts billed to insurance because I have a credit card on file. If my card declines, or the office has to send me a statement via US Mail or the patient portal - I will lose the same day discount.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
BILLING STREET ADDRESS

\_\_\_\_\_  
BILLING ZIP CODE

\_\_\_\_\_  
SECURITY CODE (back of MC/VISA; front of Amex/Discover)

**Payment Type:**     Check     Cash     VISA     MasterCard     Amex     Discover  
Debit Card for Bank?     Yes     No  
Debit Card for Health Savings/Flexing Spending Acct?     Yes     No