

NAME: _____

DATE OF BIRTH: _____

Due to the inability of WIMC/Wake Gastroenterology to replace a missed procedure, we reserve the right to charge a \$250.00 fee for such missed endoscopic examinations. A missed procedure is defined as a failure to show for your scheduled procedure or a cancellation/rescheduling within 7 working days of the procedure time slot. We request that you notify us as soon as you are aware of your inability to keep your appointment so that we may schedule another patient for that procedure time. Adequate notification will allow us to schedule other patients who are on waiting lists.

When calling to cancel or reschedule a procedure, a voicemail left on one of our main scheduling lines (extensions 1247, 1281, 1278, 1037, and 1054) will be marked as cancelled on the date received. You may also speak with a representative in our phone room as well, who can confirm a cancellation with the scheduler directly.

We understand that things come up and you may need to reschedule your appointment for a later date. You will be allowed to reschedule your procedure a maximum of three times. Please call our office during business hours to cancel or reschedule your appointment. Calls received after 5:00PM would be considered received the following business day. Should you need to cancel a procedure urgently after hours within the cancellation period, please contact our office and speak with the answering service. They will notify our scheduling staff.

Procedures are scheduled at one of the Raleigh Endoscopy Centers or at Wake Med Cary. You must contact our office at Wake Internal Medicine Consultants/ Wake Gastroenterology for rescheduling or cancelling your procedure. Our staff will take care of cancelling the appointment with our procedure facilities on your behalf. Failure to contact Wake Internal Medicine Consultants/Wake Gastroenterology 7 business days prior to the procedure(s) will result in late cancellation fees. This fee is \$250.00 for a single procedure and \$400.00 for a double.

Contact us at (919) 781-7515

I have read the above policy on procedure cancellations and the fees incurred with late cancellation and rescheduling, and understand my full responsibility for these fees incurred due to rescheduling or cancelling within 7 business days of my appointment.

SIGNATURE

DATE

PLEASE SIGN AND RETURN TO WAKE GASTRO AT LEAST 5 DAYS PRIOR TO PROCEDURE DATE

FAX 919.714.6010

EMAIL (non-secure) – wakegastroscheduling@wakeinternalmedicine.com

FINANCIAL POLICY

_____ (Initial) I acknowledge that I received a copy of this policy in my procedure packet.