

Community Campus

MARY ELLEN GRECO, M.D.
KRISTINE KEENEY, M.D.
Adriane Arnold, RPA-C

4900 Broad Road
Suite 1 D, POB South
Syracuse, NY 13215

Phone: 315.492.5660
Main Fax: 315.492.3571
Referral Fax: 315.492.3583

Patient Cancellations and No Show Policy

Cancellation/ No Show Policy for Office Visits

- We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment.
- **If you do not show up for your appointment without calling to cancel or reschedule at least 24 hours in advance, you will be charged a twenty five dollar (\$25) fee; this will not be covered by your insurance company.**

Scheduled Appointments

- We understand that delays can happen, however, we must try to keep the other patients and doctors on time. **If a patient is 15 minutes past their scheduled time, we reserve the right to reschedule the appointment.**

Account balances

- We will require that patients with self-pay balances, including cancellation and no show fees, do pay their account balances to zero (0) prior to receiving further services by our practice.
- Patients who have questions about their bills or who would like to discuss a payment plan option may call and speak to a billing representative with whom they can review their account and concerns by calling (315) 492-5660 and selecting option **5** from the menu.

Patient **Signature** of Patient/Guardian**

Print Name Patient of Patient/Guardian

_____/_____/_____
/ /

_____/_____/_____
/ /

**By signing this policy you are acknowledging that you understand the expectations of our practice and your responsibility for payment and communication regarding appointments and account balances.

Thank you.