

**Reiss, Kang, Burks & Jayanetti, M.D., P.A.**  
6200Sunset Drive, Suite 505  
South Miami, Florida 33143  
Phone 305-668-1660  
Fax 305-668-1650  
Email: Vascular@Bellsouth.net

**In-Office Procedure Cancellation Policy**

I \_\_\_\_\_, agree to the following cancellation policy:

Patients who fail to keep a procedure appointment without calling to cancel or reschedule 72 business hours or more before their appointment will be subject to a non-refundable charge of \$150. Please follow this chart when considering canceling:

<b>Appointment</b>	<b>Cancel By</b>
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Appointments cancelled or changed before 72 business hours will gladly be rescheduled without a charge. We do understand that emergencies happen, therefore exceptions to the above policy can be made only through our office manager. Each failure to attend a procedure appointment will be recorded. Three missed appointments (without cancellation) may result in temporary suspension of services. Available appointments are in high demand and your early cancellation will give another person the opportunity to attain earlier treatment.

In order to ensure your arrival we will gladly call, as a reminder as well as a confirmation, seven days prior to your procedure. If we are unable to reach you we will leave a message asking you to give us a call back. If we do not hear from you five days prior to your procedure date, your appointment will be cancelled. We will then proceed to leave another message notifying you of the cancellation. Please listen to your messages. If you did not confirm and you show up the day your procedure was originally scheduled, we will unfortunately not be able to see you because your appointment time will have been given to some one else. You will then be directed to Kristen to reschedule. To confirm an appointment you must speak to either Stephanie or Kristen or simply leave a message on their personal voicemail. After confirming we will call again the day before the procedure just as a courtesy reminder.

**I HAVE READ THE ABOVE PARAGRAPHS AND THEY HAVE BEEN EXPLAINED TO MY SATISFACTION. PLEASE SIGN BELOW ACKNOWLEDGING THIS AGREEMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness