



Notice of Cancellation Policy & No Show Fees for Appointments

Date: _____

Patient Name: _____

Acct#: _____

At Syracuse Orthopedic Specialists, we remind you of your office appointments 24 hours before either by text, email or phone call. We realize that life is not always predictable and understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. If you cannot make your appointment we ask that you contact us at least 24 hours ahead of time to cancel or reschedule your appointment. Methods to contact us may include responding to a phone call or text notice, a phone call to our office during normal business hours (830a – 430pm) or contacting us through our website.

Patients who fail to show up for their appointments or cancel less than 24 hours in advance will be charged a \$30.00 no show fee that is not covered by insurance. This fee may be required to be paid prior to scheduling further appointments within the practice. Multiple no showed or cancelled appointments may lead to dismissal from the practice.

We thank you for your understanding.

I have read and understand the policy SOS has regarding no shows and cancellations.

Signature of Patient/ Legal Guardian

Date