

CANCELLATION POLICY



Rao Dermatology has a 24 hour cancellation policy. The purpose of this policy is to ensure that any cancellations or appointment modifications are made with adequate time for patients on our waiting list to be provided with the opportunity to be offered any available appointments. Appointments for examinations, consultations, evaluations, and checkups that are not cancelled or rescheduled with more than 24 hours notice may be subject to a cancellation fee of \$25.00. Rao Dermatology may require a valid credit card number to keep on file in the event such a charge is assessed.

Appointments for all medical surgical procedures that are cancelled or rescheduled with less than 24 hours notice may result in a \$50 cancellation fee. Rao Dermatology may require either a \$50 deposit or a valid credit card number to keep on file in the event such a charge is assessed. If the appointment is cancelled or rescheduled in accordance with Rao Dermatology's cancellation policy, the patient's will be refunded via the same method of payment with which the deposit was remitted. If the patient has insurance, the deposit will be refunded upon the patient's arrival to the appointment.

Cosmetic surgical procedures often require ordering or reservation of specific equipment and/or materials. Appointments for all cosmetic surgical procedures require a \$100 deposit that is non-refundable if the appointment is cancelled or rescheduled with less than 24 hours notice. If the appointment is cancelled or rescheduled in accordance with Rao Dermatology's cancellation policy, the patient's will be refunded via the same method of payment with which the deposit was remitted.

All cancellation fees in accordance with this policy are assessed at the discretion of Rao Dermatology.

By signing this form, the patient acknowledges that they have been informed of, and consent to the Rao Dermatology cancellation policy.

Print Patient Name

Patient Signature

Date

Print Legal Guardian or Guarantor's name

Signature of Guarantor or Legal Guardian

Patient ID