

# **IRENE TEPER, M.D.**

## **Appointment Policy**

Normally, the doctor is able to see you at the time of your scheduled appointment. However, emergencies sometimes delay the schedule. Also, on occasion patients have questions and other needs which require unexpectedly prolonged discussion time during their appointments. The receptionist will inform you if there is to be a long delay in your appointment time. We appreciate your understanding, when delays occur. We are aware of the inconvenience delays cause you and we do all we can to keep prompt and timely appointment schedules. You have the option of rescheduling if waiting is a problem. If you must reschedule an appointment, we sincerely appreciate your understanding and cooperation. You will be given as much notice of schedule interruption as is given us when these emergencies occur. When emergencies occur, it may be necessary to suddenly cancel appointed office hours. We acknowledge how inconvenient this may be for you and will do our best to make your rescheduling appointment meet your needs. To be sure, we regret having cancellations ever and do our best to minimize them.

Cancellations: We encourage you to make a commitment to be here with us for all appointments because cancelled or missed appointments, tardiness, and repeated rescheduling of appointments can lead to unnecessary illness. We would like to help you avoid incomplete treatment and return to health as quickly as possible. If you find you cannot keep an appointment, please give us as much notice of your cancellation as possible - at least 24 hours. Patients needing an appointment will appreciate your courtesy, as will we.

We require a 24 hour notice for cancellation of an office visit. We regretfully must charge \$25.00 per quarter hour for missed office appointments.

We appreciate your help and understanding of this policy. Please do not hesitate to bring up your questions, concerns, or complaints to us. Your feedback is critical to our mutual success and is very much appreciated.

By signing below you confirm that you understand and agree to this policy.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_