



Cancellation Policy & No Show Policy

We understand that there are circumstances and/or changes in your schedule that may prevent you from keeping your appointment. If this situation arises, we kindly ask you to call us at least 24 hours in advance, and we will gladly reschedule your appointment. **Please be advised that failure to do so will generate a no show/late cancellation charge of \$70.00. Patients who do not show up for their scheduled appointment without a call to cancel will be considered as No Show, and will also be subject to a \$70.00 No Show charge.**

I, _____ acknowledge that I have read and understand the cancellation/no show policy set forth by Ansaarie Cardiac & Endovascular Center of Excellence.

PATIENT'S SIGNATURE _____

DATE _____

215 Hwy 17 S., East Palatka, FL 32131

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