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MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to Magnolia Medical Clinic, P.A. When you schedule an appointment with Magnolia Medical Clinic, P.A we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, but no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective April 1, 2022, any established patient who fails to show or cancels an appointment and has not contacted our office with **at least 24 hours notice** will be considered a No Show and charged a **\$25.00 fee**.
- Any established patient who fails to show or cancels an appointment without **24 hours notice** a **second** time will be charged a second **\$25.00 fee**.
- If a **third** No Show or cancellation without **24 hours notice** should occur the patient may be dismissed from Magnolia Medical Clinic, P.A.
- Any new patient who fails to show for their **initial visit** will not be permitted to be rescheduled.
- The fee is charged to the patient, not the insurance company, and is **due at the time of the patient's next office visit**. Magnolia Medical Clinic, P.A will not see a patient if the No Show fee is not paid prior to your next visit.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager Crystal Weatherington, who may be able to waive the No Show fee. You may contact Magnolia Medical Clinic, P.A 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday, or a weekend, you may leave a message.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date