



North Orlando Surgical Group  
Excellence is our standard of care

**Surgery Cancellation Policy/No Show Policy  
For Doctor Appointments and Surgery**

**1. Cancellation/No Show Policy for Doctor appointments**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work and family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book.

**If an appointment is not cancelled at least 24 hours in advance, then you could be charged a twenty-five-dollar (\$25.00) fee; this will not be covered by your insurance company and will be the patient’s responsibility.**

**2. Scheduled Appointments**

We understand that delays can happen, however we must try to keep the other patients and doctors running timely. We will do our best to accommodate rescheduling your visit.

**If a patient arrives more than 20 minutes late, we will have to reschedule the appointment.**

**3. Cancellation/No Show Policy for Surgery**

Due to the large block of time needed for surgery, last-minute cancellation can cause problems and added expenses for the office and/or facility.

**If surgery is not cancelled or rescheduled at least 48 hours in advance you will be charged a two hundred and fifty dollars (\$250.00) fee; this will not be covered by your insurance company.**

**4. Account balances**

We will require that all patients with balances due pay their account in full prior to receiving additional surgical services by our practice. Our office does not make payment arrangements for elective surgery. Payment for surgery is due at least 48 hours prior unless otherwise instructed by the office.

We thank you for your cooperation and understanding in this matter.

I have read, understand and accept the above policies.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Consent to Obtain Patient Medication History**

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also, over the counter drugs, supplements, or herbal remedies that you take on your own may not be included. I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this consent form, you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any healthcare insurance plan. This includes prescription medicines to treat AIDS/HIV and medicine used to treat mental health issues such as depression.