

Chukwuka C. Okafor, MD, MBA, CIME
German Marulanda, MD
Colby Fagin, MD
5050 South Florida Ave. | Lakeland, Florida 33813
1218 Millennium Parkway | Brandon, Florida 33511
131 Webb Drive, Suite B | Davenport, Florida 33837
Phone: (863) 688-3030 | Fax: (863) 688-4430
www.SpineInstituteFL.com

## Appointment Cancellation/No-show Policy Agreement

Spine Institute of Central Florida is committed to providing every patient with exceptional care. When an appointment is made with our office, the provider blocks up to an hour of time on their schedule. When a patient cancels without giving sufficient notice, it prevents another patient from being seen. Late cancellations/no-shows not only prevent other patients from receiving help, but it also globally leads to an increased cost of healthcare for everyone.

The following cancellation policy applies to the appointment type(s) listed below:

- Physical Therapy Appointment
- Clinical Psychology Appointment
- Advanced Imaging (MRI) Appointment
- Any Office Visit Appointment

To help ensure that patients receive appointments as soon as possible, please call us at (863) 688-3030 by 12:00 PM at least two days prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 12:00 PM on Thursday. If prior notification is not given, you may be charged \$50.00 for the missed appointment.

## **Major Surgery and Small Procedure Cancellation Policy**

- A) Major surgery- Any surgery performed at a Hospital (not including Spinal injections)
  - Cancellation 4-7 days from scheduled surgery date \$300 cancellation fee will be assessed.
  - Cancellation 3 days or less from scheduled surgery date \$600 cancellation fee will be assessed.
- B) Minor procedures- (Example: Injection, Rhizotomy/RFA, Kyphoplasty Procedure)
  - Cancellation 3 days or less from procedure/injection date \$300 cancellation fee will be assessed.

I have been given these instruction	s and I fully understand them. All questions were answered to satisfaction	n.
Patient Name:	Patient Signature	
Date of hirth:	Date	