LANDMARK
DIGESTIVE HEALTH

2851 New Hartford Road, Suite A
Owensboro, KY 42303
Phone: 270-922-2500
Fax: 270-922-2505

Miguel Lalama, MD, MPH | Brittany Davidson, APRN | Simone McCormack, APRN

Dear Patient,

We strive to provide excellent medical care to you, your family, and all our patients. To do so effectively and efficiently, we have developed an appointment system that sets aside ample time for each patient. Making your appointment as scheduled is very important, not just for us, but to provide you with the best care possible. While we are not fond of the negative connotation of any cancellation policy, we believe such a policy is important to accommodate all of our patients who are dedicated to receiving medical care.

Our policy terms are as follows:

1. We request that you give the office **24-hour notice** in the event you need to reschedule your office visit. If you miss an appointment without contacting the office, this is considered a missed appointment or a "no-show". A **$25 fee** will be charged to you. This fee cannot be billed to your insurance company and will be your direct responsibility.

2. We request that you give the office **72-hour notice** in the event you need to reschedule your procedure. If you miss a procedure without contacting the office, this is considered a missed appointment or a "no-show". A **$100 fee** will be charged to you. This fee cannot be billed to your insurance company and will be your direct responsibility.

3. If you are running late to an appointment, please contact the office at (270) 922-2500 to notify the staff. We will do our best to see you as soon as possible, though the office visit may need to be shortened in length or rescheduled. Patients arriving more than 15 minutes late after their scheduled appointment time may be asked to reschedule.

4. The office is able to send reminder notifications through gReminder. We can call, text, or email you. Register with staff if you would like a reminder of your scheduled appointment time. While we do offer this service, it is ultimately the patient's responsibility to remember their scheduled appointments.

We thank you for trusting Landmark Digestive Health, PSC with your medical care.

I have read and understand the Medical Appointment Cancellation Policy and agree to the terms of this policy.

Patient Name: _____ **Date of Birth:** _____