



Jon Ward, M.D. | Michael Stickler, M.D.
 Scott Schlauder, M.D. | Ben Treen, M.D. | Ronald Johnston, M.D. | George vonHilsheimer, M.D.
 Brooke Bair, D.O. | Candrice Heath, M.D. | Katherine Brown, M.D., M.P.H. | Neil Sandhu, M.D.
 Nichol Raulerson, PA-C | Heather Preisser, PA-C | Barry Newton, PA-C | Kristi Wells, PA-C
 Katie Showalter, PA-C | Harmony Church, PA-C | Angela Williamson, PA-C | Tricia Berry, ARNP

LOCATIONS: 2505 Harrison Avenue | Panama City, FL 32405
 12111 Panama City Bch Parkway | Panama City Bch, FL 32407
 82 Mack Bayou Loop, Suite 202 | Santa Rosa Bch, FL 32459
 4378 Lafayette Street | Marianna, FL 32446
 2600 Hospital Drive | Bonifay, FL 32425
 106 Westside Drive | Dothan, AL 36303
 3809 Gulf Breeze Parkway | Gulf Breeze, FL 32563

928 Marwalt Drive | Fort Walton Bch, FL 32547
 4550 Highway 20 | Niceville, FL 32579
 1350 Market Street Suite 200 | Tallahassee, FL 32312
 3231 Gulf Gate Drive, Suite 105 | Sarasota, FL 34231
 8880 Navarre Parkway, Suite 201 | Navarre, FL 35266
 3871 Highway 98E | Port St. Joe, FL 32504

TOLL FREE:
877-231-3376
FAX:
850-522-8354

NO SHOW POLICY

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

TO ALL OF OUR PATIENTS:

It is our goal to provide quality medical care to our patients in a timely manner. In order to effectively accomplish this, we have to adhere to an appointment schedule.

We understand that situations may arise that prevents you from coming into our office during your scheduled appointment. In accordance with Gulf Coast Dermatology policy, we request that you notify us at least 24 hours in advance to reschedule or cancel your appointment. This allows us to manage our appointments more efficiently and to serve other patients that may need to be seen.

We reserve the right to charge a nominal fee of \$25 or \$50 for cosmetic appointment, if a patient does not provide adequate notice or fails to show up for their appointment. We will make an effort to contact you to remind you of your missed appointment, to reschedule and discuss with you the "no show fee" that will be annotated on your account and payable, at your next appointment. Patients that have three or more occurrences of repeated "no show" may be dismissed from our care. Patient will lose both their deposit and be charged the \$50 N/S fee when they N/S an appointment for which a deposit is required.

If you have any questions regarding this policy, please contact our office (850) 233-3376 or (850) 234-2597.

We kindly request you sign the acknowledgement below if you have read and understand our policy as explained in this letter and return it at your scheduled appointment.

Patient Signature

Date