

**NORTHEAST FLORIDA INTERNAL MEDICINE
ELYSSA BLISSENBACH, M.D., P.A.**

APPOINTMENT CANCELLATIONS

As a courtesy to your Doctor, Nurse Practitioner, and other patients, please give a 24 hour notice if cancelling or rescheduling your appointment. If you fail to give this notice, you will be charged a \$25.00 late cancellation fee.

In the event you are charged this fee, you will be required to pay the amount before a future appointment(s) can be made.

By signing this, you are in agreement of this policy.

Signature: _____ Date: _____

PROCEDURE CANCELLATIONS

There will be a \$50.00 cancellation fee per procedure of any procedures not cancelled within a 24 hour period. This also applies to no-shows.

By signing this, you are in agreement of this policy.

Signature: _____ Date: _____