

LAiMA OB/GYN Medical Group
337 Eldorado Street #B4, Monterey, CA 93940
Phone- 831-373-2486, Fax- 831-373-6519

Cancelations/No-Show/Reschedule Policies

LAiMA OB/GYN Medical Group takes care of multiple patients with emergency medical issues, urgent concerns, and significant clinical risks that require immediate care. Our no-exceptions policy reflects the need to allow patients to get access to care and any no-show/cancelation limits the ability of other patients to be seen at that time.

1. It is the patient's responsibility to keep track of their appointments.
2. Our office will notify you via text and email regarding your upcoming appointment, however, it is your responsibility to monitor these means of communications.
3. **We have 48 (2 business days) Cancelation Policy. Failure to cancel your appointment prior to 48 hours will result in \$125.00** late cancelation fee added to your account. This charge will need to be paid prior to your next clinical encounter and will remain your responsibility regardless of your future care.
4. We have a **NO EXCEPTIONS No-Show policy**: Since LAiMA OB/GYN Medical Group provides **emergency care for gynecological and obstetrical conditions**, blocked office time potentially limits emergency access for other patients. In this case, their care is diverted to the local Emergency Department or possibly delayed. For these reasons, we have a **NO EXCEPTIONS No-Show** policy: If you fail to change or cancel your appointment prior to the appointment time resulting in a **No-Show visit, a charge of \$275.00** will be added to your account. This charge will need to be paid prior to your next clinical encounter and will remain your responsibility regardless of your future care.
5. If you fail to come for a scheduled **procedure/surgery resulting in No-Show surgery/procedure window on the clinical schedule, the fee of \$550.00-\$1750.00** will be added to your account based on the procedure scheduled.
6. Repeat No-Shows or repeat cancelations will result in termination of physician-patient relationship by LAiMA OB/GYN Medical Group.

Signed _____ Date _____