

**Yale Dermatology Associates, PC  
No Show Policy**

Patient Name: \_\_\_\_\_ Account: \_\_\_\_\_

We are committed to meeting our patients' health care needs. No-show and late cancellations waste precious time that other patients could use.  
Please be advised of our office policy.

All appointments must be cancelled by noon of the previous day (or by 10:00 AM Friday for a Monday appointment) to avoid charges for a no-show or late cancellation. PLEASE NOTE: Insurance does not cover charges for no-show/late cancellation fees; therefore, the patient is responsible for payment

**~ A NO SHOW fee of \$50.00 will be charged to the patient ~**

**Billing Questions:**

If you have any questions regarding billing, please call our office at 203-789-1249 x 103 during regular office hours.

I have received a copy of this document and understand that I will be financially responsible for the following:

- All missed scheduled appointments that are not cancelled as described in the policy above.

\_\_\_\_\_  
Patient/parent/legal guardian signature

\_\_\_\_\_  
Date

**Thank you for your continued support of our practice**

If you believe we have made an error in scheduling or you believe you deserve special consideration, please call or provide an appeal in writing for consideration