



**NORTH DOVER**  
R A D I O L O G Y



## **CANCELLATION NO SHOW AND ADDENDUM REPORT POLICY**

### **DEAR PATIENT:**

WE WILL NOW BE CHARGING A FEE FOR MISSED APPOINTMENTS AND ANY ADDENDUM REPORTS NEEDED. IT IS NOT OUR INTENT TO INCONVENIENCE ANY OF OUR PATIENTS, BUT IN ORDER TO RUN OUR OFFICE AS EFFICIENTLY AS POSSIBLE WE NEED TO UTILIZE CANCELED APPOINTMENTS FOR OTHER PATIENTS. PLEASE READ OUR CANCELLATION POLICY CAREFULLY.

### **CANCELLATION / NO SHOW POLICY**

**A 24-HOUR NOTICE** IS REQUIRED IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT.

THERE WILL BE A **\$100.00 CHARGE** FOR THE FIRST SCAN, **\$50 CHARGE** FOR EACH ADDITIONAL SCAN, SCHEDULED TOGETHER. THIS APPLIES TO MISSED OFFICE APPOINTMENTS AND NO-SHOW PATIENTS.

TO CANCEL YOUR **OFFICE APPOINTMENTS**: PLEASE CALL **732-370-9902**. YOU MUST SPEAK WITH A SCHEDULER, NO MESSAGES FOR ANY CANCELLATIONS WILL BE ACCEPTED.

### **REVIEW OF OUTSIDE FILMS POLICY**

PLEASE MAKE AVAILABLE TO THE FRONT OFFICE ANY PRIOR FILMS, CD'S, AND REPORTS AT THE TIME OF YOUR APPOINTMENT. IN ORDER FOR US TO GIVE YOU THE BEST POSSIBLE INTERPRETATION OF YOUR STUDY: THIS PERTAINS SOLELY TO ANY EXAMS PERFORMED AT OUTSIDE FACILITIES OTHER THAN NORTH DOVER RADIOLOGY. PLEASE BE ADVISED THAT IF YOU FAIL TO BRING YOUR PRIOR EXAM AT THE TIME OF YOUR APPOINTMENT THERE WILL BE A **\$100.00 "REVIEW OF OUTSIDE FILM" CHARGE** FOR ANY COMPARISON PERFORMED AFTER YOUR ORIGINAL APPOINTMENT DATE.

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

NO COMPARISON FILMS AT THIS TIME

I HAVE BROUGHT IN ALL COMPARISON FILMS

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION**