



JAMES R. WATT, D.O., F.A.A.D.

Dermatology & Dermatologic Surgery

Diplomate, American Board of Dermatology
Fellow, American Academy of Dermatology

Appointment /Cancellation /No Show Policy

Appointments

Office visits are by appointment only please call (352)341-3344. The front desk may ask about the reason for your visit. This helps us to schedule the doctors time more efficiently. If you would like to arrive 15 minutes prior to your appointment time you may do so. There are times when we may be ahead of schedule and we may be able to take you early but this *should not* be expected. Patients who are late for any appointment may be asked to reschedule at the front desk/physician's discretion. Please do not argue with our staff on this matter.

Cancellations

We would like to thank you for being a patient in our office. We value all of our patients and strive to provide the best possible care in a comfortable setting. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must cancel/change your appointment, please give us at least a 24 hour notice. This courtesy makes it possible to give your reserved time to another patient. When appointments are made, charts are pulled, records requested, a room is prepped and sometimes instruments prepared. Our time is as valuable as yours.

Missed Appointments (Non Cancelled)

We understand that occasional missed appointments can occur for a variety of reasons. When you miss an appointment without canceling, some one else who could have been seen in your place is delayed unnecessarily. We track missed(non cancelled) appointments. A "No Show/Day Of Appointment Cancellation" is defined as a missed appointment without a 24 hour notice. There will be a **\$25.00 charge** for a missed or non cancelled appointment. Repeated missed appointments may result in discharging you from the practice.

Payment

Should you incur this charge, your account will need to be current before any further appointments are scheduled...**NO EXCEPTIONS.**

Patient Name (Print)

Patient Name (Signature)

Date



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Dear Patient,

MEDICARE ADVANTAGE PLANS: These plans replace your Medicare.

If you have a Medicare Replacement or Advantage plan as a Primary please be advised that while we will file and follow the Medicare Fee Schedule, it is possible that your Co Payments or Deductibles may be slightly higher than the amount that may be indicated on your card because we are *Non Participating Providers*. In the event that your card does not indicate an amount for your Co Payment, you will be billed accordingly.

SUPPLEMENTAL PLANS(Medigap): A Medicare Supplement Insurance (Medigap) policy helps pay *some* of the health care costs that Medicare doesn't cover, like:

- Copayments
- Coinsurance
- Deductibles

Please be aware that your plan will normally pay the 20% balance after Medicare . In the event that they do not, the balance will be your responsibility.

NON PARTICIPATING PROVIDER– Means that we do not have a contract with your insurance. Payments are based on your own individual policy. If your policy *does not* allow you to see a non participating provider you may be responsible for the entire bill.

Please note, it is the sole responsibility of the patient to verify coverage and benefits. Please confirm with your carrier.

Your signature on this form indicates that you are fully aware that it is possible that you may receive a bill

Print Name

Signature

Date