

### **Cancellation/No Show Policy (revised)**

We understand there may be times when you will need to cancel an appointment with our office. If you are unable to keep your appointment please notify our office at least 24 hours in advance to cancel or reschedule. Please email **Dawn** directly at [dcastelli@westmedgroup.com](mailto:dcastelli@westmedgroup.com) OR call (914) 848-8668 and leave a message for **Dawn**.

Please be courteous to other patients who may want your scheduled time for their appointment as well as to our providers who block a significant amount of time for your visit.

Patients that do not arrive for a scheduled appointment or cancel an appointment less than 24 hours prior to the scheduled appointment time will be subject to the following:

1. Charged 50% of our self-pay fee schedule regardless if they are self-pay or eligible for insurance.

1st Consultation self-pay fee: \$250.00

**No Show fee: \$125.00**

Follow-Up Visit self-pay fee: \$135.00

**No Show fee: \$67.50**

**OR**

2. Discharged from our weight management program. We are interested in caring for patients who are invested in their health and this includes being responsible for appointments.

**To cancel or reschedule your appointment**, please reach out DIRECTLY to Dr. Dunne's medical assistant, **Dawn**. Please email **Dawn** at [dcastelli@westmedgroup.com](mailto:dcastelli@westmedgroup.com). If you prefer to call the office, please leave a message for **Dawn** to call you back at (914) 848-8668; otherwise, your appointment may not be cancelled or rescheduled correctly and you may be subject to the cancellation policy.

By your signature below, you acknowledge that you understand the contents of this document.

Thank you for your cooperation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date