

Advance Preventive Medicine
1400 E Robinson street
Orlando FL 32801

Advance Preventive Medicine appreciates your trust for your medical care. We set aside a time for your visit with providers in Advance Preventive Medicine. Should you need to cancel or reschedule an appointment please call us **24 hours Prior** to you scheduled appointment so we can schedule other patient to come and receive medical care.

If you fail to show up or cancel your appointment with at least **24 hours' notice** will be considered a NO Show and will be charged **\$50** fee on your credit card on file. In other words, you are authorizing Advance Preventive Medicine the **\$50** "No Show fee". A second "No Show" fee will be charge as **\$75** on credit card on file.

The Fee will be charged to patient not to insurance companies.

It is patient's responsibility to update contact information including address and phone number since as a courtesy we call in advance as a reminder for your upcoming appointments.

Therefore, you are consenting to the fact you have read the above No Show policies and you agree to its terms. Please respect your time and providers time since time is very valuable for everyone.

Signature of Patient or parent/ legal Guardian -----

Relationship to patient -----

Date: -----