

Physician/Supplier Notice to Beneficiary

Cancellation Policy

Your physician has requested you to undergo testing to diagnose and properly treat your condition. These procedures require the use of sophisticated equipment and highly trained professionals for their completion. Several tests are typically scheduled together for your convenience and may require 2-3 hours. Instructions will be given to you in preparation for these studies. We will attempt to contact you to remind you of this appointment.

If you are unable to make this appointment, we ask that you notify our office as soon as possible. This time is extremely valuable to us and other patients who require similar evaluation and treatment. It is our policy to charge a cancellation fee of **\$50.00** if you do not contact this office at (941) 749-5222 to cancel or reschedule this appointment at least **24 HOURS** prior to your appointment.

Thank you in advance for your cooperation. We look forward to serving you!

Beneficiary's Agreement to Pay:

I understand that this fee is NOT covered by my Medicare and/or private insurance. I further agree to be personally responsible for payment if I do not provide proper notification prior to cancellation.

Beneficiary's Signature

Date