

UROLOGICAL MEDICAL GROUP OF NORTH ORANGE COUNTY

Adult and Pediatric Urology

301 W. Bastanchury Rd.
Suite 180
Fullerton, CA 92835

16960 E. Bastanchury Rd.
Suite F
Yorba Linda, CA 92886

Day or Night Call: (714) 870-5970

Appointment Cancellation Acknowledgment Form

Please be advised that there may be up to a **\$75.00** charge for a no show appointment. Any appointment that is canceled or rescheduled less than **24 hours** in advance may also be charged up to **\$75.00**.

The no-show/cancellation fee will be billed directly to you and not your insurance company, as we require a **24 hour** notice that an appointment will be missed or rescheduled.

By signing below you acknowledge that you have read, understand, and agree to the terms and fee listed above.

Patient Name (Please Print)

Date

Patient Signature

Witness Signature

Date