

University Pointe Pain Management Center  
7700 University Court Suite 3200 West Chester, OH 45069  
513-751-PAIN Fax: 513-475-8283

DATE:  
TIME:  
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**Patient Information:**

MRN:  
DOB:

**Appointment Policy**

In an effort to provide effective and efficient treatment to all of our patients, it is the policy of this company that if you are unable to make your scheduled appointment, you must call to cancel the appointment no later than 24 hours before the scheduled time.

If you fail to cancel your appointment or fail to show up for appointment, you will be charged a "no show" fee of \$50.00 per occurrence. For most insurance plans and Worker's Compensation carriers "no show" charges are non-covered service. You will be solely responsible for payment of this charge. Repeated "no shows" and cancellations of your scheduled appointments may result in your being discharged from care at the **University Pointe Pain Management Center**. You will be referred back to your primary care physician.

If you have any questions about this form, please talk to our staff before signing.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient/ Guardian Signature

\_\_\_\_\_  
Date