

McClerklin Skin & Laser Center

Patricia A. McClerklin, M.D., P.A.

Fellow, American Board of Dermatology

Dermatologic Surgery & Laser Surgery
Diseases and Surgery of the Skin, Hair and Nails

NO SHOW POLICY

Please be advised that a **no show** fee in the amount of \$20.00 will be assessed for appointments not canceled at least one (1) business day **before** your scheduled appointment. Excessive no shows and/or accruing three or more consecutive no shows will result in the patient being discharged from the practice.

All excuses will have to be validated by bringing in paper work dates.

By signing this form, you are stating that you have read, understood, and are aware of this office's **no show policy**.

Patient/Guardian Signature

Date

FINANCIAL POLICY

I understand the medical and financial relationship between me and Dr. McClerklin and that I am responsible for any and all fees left unpaid by me and/or my insurance company.

Failure to pay balances within 90 days after the mailing of my first statement or letter will result in my balances being transferred to the appropriate collections agency or law firms. Collection fees and legal fees will be added to the balance due.

Patient/Guardian Signature

Date