

Center for Fetal Medicine and Women's Ultrasound

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Cancellation Policy

We are committed to providing quality care to every patient in our practice. The scheduling of an appointment involves the reservation of time especially for you. We would appreciate your understanding and cooperation with regard to cancellation. If you find that you must cancel, please do so within 24 hours prior to your scheduled time. If appointments are not cancelled within the designated time, your account will be charged a \$50.00 fee. Please be aware that insurance companies will not cover these charges.

We understand that extenuating circumstances (including illness) may prevent you from providing 24 hours advanced notice and we will evaluate these situations on a case-by-case basis.

Credit Card Authorization:

I, _____, authorize the Center for Fetal Medicine and Women's Ultrasound to charge a \$50.00 fee to the credit card indicated below in the event that I fail to give at least a 24-hours cancellation notice of a scheduled appointment.

Card Type (circle one): Visa Mastercard American Express

Card Number: _____

Name as printed on card: _____

Exp. Date: _____ Billing ZIP Code: _____

I have read the above fee agreement carefully and agree to its terms and conditions.

Signature: _____

Date: _____