



# Center for Rheumatic Diseases & Osteoporosis

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## CANCELLATION & NO-SHOW POLICY

PATIENT NAME: \_\_\_\_\_

Dear Patient,

We at the Center for Rheumatic Diseases and Osteoporosis are committed to giving timely and quality care. We understand there may be unforeseen circumstances or emergencies that keep you from attending your scheduled appointment. Should you need to cancel or reschedule an appointment, please contact our office 24 hours prior to your scheduled appointment. This will enable us to schedule other patients who may be waiting for an appointment.

- Any established patient scheduled with **Dr. Sharma and Dr. Goyal**, who fails to show up or cancels an appointment and has not contacted our office at least 24 hours before the scheduled appointment will incur a **\$25.00** late cancellation/no-show fee.
- Any New Patient scheduled with **Dr. Sharma and Dr. Goyal**, who fails to show up for their initial visit or cancels their appointment in less than 24 hours will incur a **\$50.00** fee.

All No Show or Cancellation fees are due at the time of the patient's next office visit. You will be allowed to schedule your missed appointment once you pay your fee.

Please contact the Practice Manager if you have any concerns.

We value your health, and we appreciate you placing your trust in us when it comes to your medical needs. We are hoping for your cooperation regarding this matter.

I have read and understand the Cancellation & No-Show Policy and agree to its terms and conditions.

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Patient Signature

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Date