**FAMILY MEDICINE ASSOCIATES OF LINCOLN COUNTY, PLLC**

 **Mark L. Kiefer, MD 1531 North Aspen Street**

 **Daniel G. Koch, MD Lincolnton, NC 28092**

 **Jeremy W. Sexton, PA-C 704-732-8736-Phone**

 **Rebekah M. Hansen. FNP 704-732-8121-Fax**

**POLICY FOR MISSED WEIGHT LOSS APPOINTMENTS**

As our Weight Loss Program is becoming increasingly popular, immediate appointment availability has become very limited. Due to the demand, it is important that you contact our office if you are unable to keep your appointment. This will allow us to fill that appointment with someone from our waiting list.

**Effective June 1, 2013, you will be charged for any weight loss appointment that is not cancelled within the specified time period. Appointments must be cancelled with one of the front office staff members.**

**INITIAL WEIGHT LOSS APPOINTMENTS**

**There will be an $80.00 charge for any initial weight loss appointment that is not cancelled at least 48 hours prior to the appointment time. When you make your initial appointment you must provide a debit or credit card number that will only be charged if you miss your appointment.**

**ESTABLISHED WEIGHT LOSS APPOINTMENTS**

**There will be a $50 charge for follow up visits that are not cancelled at least 24 hours prior to the appointment time.**

I have read and understand the policy for missed weight loss appointments. I understand that it is my responsibility to cancel my appointment in the timely manner stated above. I understand that I will be charged for any appointment that is not cancelled according to this policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date