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An Affiliate of  UnityPoint Health

CANCELLATION/NO-SHOW POLICY

We (21st Century Rehab at Greene County Medical Center) understand there may be times when an unforeseen emergency occurs and a patient may not be able to keep a scheduled appointment. In the event of such an emergency, we ask our patients to contact our office as soon as possible to discuss.

If I cancel my appointment and fail to provide at least twenty-four (24) hours' notice, I may be charged a fee of \$50. If I cancel more than once without proper notice, my future visits will be removed from the schedule and future appointments will be scheduled one at a time. If three cancellations occur without proper notice, I understand that I may be discharged from care and may or may not be scheduled for additional appointments.

If I do not show to an appointment, I may be charged a fee of \$50. Additional scheduled visits may be removed from the schedule and appointments may be made one at a time. If I do not show to more than one appointment, I may be discharged from care and may or may not be scheduled for additional appointments.

I understand that I am responsible for and may be charged fees for cancellations and no-shows and will not be seen until any charged fees are paid.

Name: _____

Signature: _____

Date: _____