



**WESTOVER HILLS
GASTROENTEROLOGY**

Mosaab A. Hasan, M.D.

Cancelation /No Show Policy Acknowledgement Form

We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. If you cannot keep your appointment, please call us as soon as possible.

Our office policy requires that you provide a 24-hour notice to cancel or reschedule any office visit and 48-hour notice to cancel or reschedule any outpatient endoscopy procedures (colonoscopy, Upper Endoscopy, etc).

If you fail to provide us with 24 hours notice to cancel an office visit, or 48-hours notice to cancel an outpatient procedure you will be charged a "no show" fee of \$50.00.

After a total of three "no show" incidences, you may be discharged from the care of Westover Hills Gastroenterology.

Your courtesy in this matter is greatly appreciated. Compliance with the above policy will enable us to offer that appointment to other patients on our waiting list and reschedule your visit in a timely manner.

I acknowledge that I have read the above statement, and I agree to the terms described.

Patient/Guarantor Signature: _____

Date: _____

phone: 210-509-8888 . fax: 210-509-8895

email: info@whgastro.com

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