



# MAGNIFICENT MINDS NEUROLOGY CENTER

SONAL G. PATEL, M.D.

Diplomate of American Board of Psychiatry and Neurology

*Board Certified in Adult and Child Neurology*

*Board Certified in Clinical Neurophysiology, FABPN*

---

4416 East West Hwy Suite 201, Bethesda, MD 20814

Bus: (301) 652-6800 • Fax: (301) 913-2817

## Late Cancellation & No-Show Policy

We strive to provide excellent medical care to you and to all our patients. Consistent with this, we have developed an appointment cancellation and no-show policy that allows us to better schedule appointments for all patients. When an appointment is scheduled, that time has been specifically reserved for you and when it is missed that time cannot be used to treat another patient in need of care. We sincerely appreciate your assistance and cooperation as this allows for a smooth office flow and more efficiently uses your time.

### Our Cancellation and No-Show Policy is as follows:

We request that you please give our office at **least 24-hour notice** if you need to reschedule your appointment. If you do not provide us with a 24-hour notice, or if you do fail show up for a scheduled appointment, you will be charged a non-refundable fee of \$50 for any in-person and virtual appointments. If you do not provide us with a 24-hour notice or if you fail show up for a scheduled EEG procedure, you will be charged a non-refundable fee of \$75. A patient who is a no-show three times or more may not be rescheduled for future appointments and may be dismissed from the practice.

**By signing this policy, I acknowledge that I have read and understand the Late Cancellation & No-Show Policy. I also understand and agree that such terms may be amended from time to time by the practice.**

Patient Name (printed): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name (printed): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information

Please provide us with the best contact number(s) to reach you regarding communication and confirmation about any pending scheduled appointments made with our practice:

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: MOBILE LANDLINE WORK

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: MOBILE LANDLINE WORK

Does our practice have your permission to text any mobile numbers? YES NO