

JOHN J. BASILE, M.D., P.C.
DBA COMMONWEALTH UROLOGY
JOHN J. BASILE, M.D.
SUNIL V. PATEL, M.D.
3020 Hamaker Court, Suite B-111
Fairfax, VA, 22031
Phone:(703) 876-0288 Fax:(703) 876-0290

NO SHOW, NO CALL POLICY

Dear Sir or Madam:

You have an appointment scheduled with Dr. John Basile or Dr. Sunil Patel. We realize that your time is valuable and hope that you realize the time of our doctors and our staff is valuable too. If you are unable to keep your scheduled appointment/office procedure with Dr. Basile or Dr. Patel, we request that you provide us notification at least two full business days (no less than 48 hours) in advance so that we may provide an opportunity for another patient to seek our urologic services. If you do not notify us of your intent to cancel an scheduled appointment at least 48 hours prior to the appointment/office procedure, then you will be responsible for an out-of-pocket "no show, no call" cancellation fee of **\$75 for Appointments** and **\$150 for Office Procedures**.

For example, if your appointment falls on a Monday at 3 pm, we must have your notification of intent to cancel this appointment no later than 3 pm on the Thursday prior to the appointment. If your appointment falls on a Tuesday at 10 am, we must have notification of intent to cancel by no later than 10 am on the Friday prior to the appointment. If Monday is a holiday then notification of a Tuesday appointment must be made by 10 am the prior Thursday.

If you are unable to keep your scheduled Hospital/Surgical Center procedure with Dr. Basile or Dr. Patel, we request that you provide us notification at least 5 (five) full business days in advance so that we may provide an opportunity for another patient to seek our urological services. If you do not notify us of your intent to cancel at least 5 business days prior to the **Hospital/Surgical Center** procedure then you will be responsible for an out of pocket cancellation fee of **\$250.00. Patient Must Arrange for non- public Transportation from Hospital/Surgical Center or a \$250.00** cancellation fee will be assessed.

These fees must be paid in full within ten business days upon receipt of our bill.

We realize that extenuating circumstances do occur and the final decision to assess for this fee is left to the discretion of the doctor.

Yours sincerely,

John J. Basile, M.D.
Sunil V. Patel, M.D.

I have read the above policy and agree to its terms and acknowledge that I will be legally responsible for the prompt payment of the assessed fee.

Patient's Signature

Date