

**JOHN J. BASILE, M.D., P.C.
COMMONWEALTH UROLOGY**

JOHN J. BASILE, M.D.

SUNIL V. PATEL, M.D.

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CANCELLATION • NO-SHOW/NO-CALL POLICY

Dear Sir or Madam:

Your appointment is scheduled with Dr. John Basile or Dr. Sunil Patel. We realize your time is very valuable and hope you realize the doctors' time, as well as our staff's time, is valuable too. If you are unable to keep your appointment with Dr. Basile or Dr. Patel, we request that you provide us with at least two full business days notice (no less than 48 hours) in order to allow opportunity for other patients seeking our urologic services. If you do not notify us of your intent to cancel a scheduled office appointment at least 48 hours prior to that appointment, you will be responsible for an out-of-pocket "Cancellation/No Show/No Call" fee. The fees are as follows: **\$75.00 FOR OFFICE VISITS; \$150.00 FOR OFFICE PROCEDURES.**

Examples: If your appointment is scheduled for Monday at 3:00 p.m., you must notify us of your intent to cancel no later than 3:00 p.m., on the Thursday prior to the appointment. If your appointment is scheduled for Tuesday at 10:00 a.m., you must notify us of your intent to cancel no later than 10:00 a.m., the Friday prior to the appointment. Should Monday be a holiday and your appointment is scheduled for the Tuesday after, you must notify us of your intent to cancel by 10:00 a.m., the prior Thursday.

Dr. Basile and Dr. Patel require at least 5 (five) full business days notice of your intent to cancel a procedure scheduled to be performed at a hospital or surgical center. **IF YOU DO NOT NOTIFY US OF YOUR INTENT TO CANCEL A HOSPITAL OR SURGICAL CENTER PROCEDURE AT LEAST 5 BUSINESS DAYS PRIOR TO THE SCHEDULED PROCEDURE, YOU WILL BE ASSESSED AN OUT-OF-POCKET LATE CANCELLATION FEE OF \$250.00. SHOULD BOTH DOCTORS BE SCHEDULED TO PERFORM YOUR PROCEDURE, THE LATE CANCELLATION FEE IS \$500.00**

IF YOU ARE SCHEDULED TO HAVE A SURGICAL PROCEDURE AT A HOSPITAL OR SURGICAL CENTER, YOU MUST ARRANGE FOR YOUR OWN NON-PUBLIC TRANSPORTATION. FAILING TO DO SO WILL RESULT IN YOUR PROCEDURE BEING CANCELLED AND A \$250.00 OUT-OF-POCKET CANCELLATION FEE WILL BE ASSESSED.

Fees must be paid in full within ten business days of receipt of our invoice.

We realize that extenuating circumstances do occur. The final decision to assess these fees is at the discretion of your doctor.

Yours sincerely,

John J. Basile, M.D.

Sunil V. Patel, M.D.

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

Patient's Signature

Date