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Board Certified in
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**OFFICE VISIT AND OFFICE PROCEDURE
CANCELLATION AND NO SHOW POLICY**

As part of our continued effort to provide you with the best care and accommodate all appointment requests, we have implemented a Cancellation Policy.

Time has been specifically reserved for your fluoroscopy treatment. Please call at least 48 hours ahead to cancel or reschedule an appointment.

If you fail to cancel your office appointment at least 48 hours ahead or fail to show up for your scheduled appointment, you will be charged a "No Show Fee." The fee is \$50.00 for established patients and \$100.00 for a consultation or new patient visit. If you fail to cancel or show for your spinal injections, fluoroscopy, Botox or EMG, you will be charged a \$250.00 "No Show Fee."

Unforeseen Circumstances

We recognize that situations can occur which are unforeseen and as such the following procedure is required in order to waive the "No Show Fee."

Illness: Must provide Emergency Room Report or Physician Excuse.

Your appointment is scheduled for: ____/____/____ @ ____:____ am/pm.

If you need to change or reschedule your appointment, please call (330) 498-9865.

I _____, have read and understand the above policy.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

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