



Arsal Ahmad, M.D.  
Vladimir Djuric, M.D.  
Karen Gade-Pulido, M.D.  
Mark J. Pellegrino, M.D.  
www.ohiopainrehab.com

Board Certified in  
Physical Medicine &  
Rehabilitation

Phone: 330-498-9865  
Toll Free: 330-529-7500  
Facsimile: 330-498-9869

**OFFICE VISIT AND OFFICE PROCEDURE  
CANCELLATION AND NO SHOW POLICY  
EFFECTIVE 2/1/07**

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 24 hours ahead to cancel or reschedule an appointment.

If you fail to cancel your office appointment at least 24 hours ahead or fail to show up for your scheduled appointment, you will be charged a "No Show Fee." The fee is \$25.00 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 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: \_\_\_\_\_

Z:\Forms & Templates\New Patient Packet Forms\Cancellation & No Show Policy.doc