PACIFIC VASCULAR, INC. ULTRASOUND
CANCELLATION/NO SHOW POLICY

Thank you for trusting your vascular ultrasound needs to Pacific Vascular, Inc. When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective May 1, 2022 any patient that fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours' notice** will be considered a "No Show" and charged a **$50 fee**.
- The **$50 fee** will be required to reschedule. This deposit will go toward the cost of your appointment and you will be credited/refunded any remaining funds after insurance adjustments.
- Should you fail to provide adequate notice for your rescheduled appointment per our no show/cancellation policy, we will reserve the right to retain that $50 deposit
- A patient is notified of the ultrasound cancellation/no show policy at the time of scheduling. This policy can and will be provided in writing to patients at their request and at the time of their appointment.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please inform our staff and we may be able to waive the No Show fee. You can contact us at the phone number below.

PACIFIC VASCULAR, INC. 425-486-8868, option 1 or toll free 800-282-6516, option 1

I have read and understand the Ultrasound Cancellation/No Show Policy and agree to its terms.

_____   _____
Signature (Parent/Legal Guardian)   Relationship to Patient

_____   _____
Printed Name   Date