



**JASMINE WOMEN'S CENTER**  
OBSTETRICS & GYNECOLOGY

1983 Centre Pointe Blvd • Suite 104 • Tallahassee, FL 32308 • Phone : 850-210-0433 • Fax: 850-210-0437 • JasmineWomensCenter.com

**MEDICAL APPOINTMENT CANCELLATION POLICY**

Dear Patient,

Thank you for trusting your medical care to Jasmine Women's Center. We strive to render excellent medical care to you and all of our patients. In order to be consistent with this philosophy, Jasmine Women's Center uses an appointment system that sets aside ample time for a patient dependent on the patient's current needs.

If you do not show up for your appointment, or notify us of your inability to keep your appointment by phone at least 24 hours in advance, the time that has been allotted for your visit cannot be used to treat another patient and is time lost to our office. With that in mind and in order to keep costs as low as possible, a Medical Appointment Cancellation Policy has been put into place.

**Our policy is as follows:**

1. We request that you please give our office a 24-hour notice in the event that you need to reschedule your appointment. This will make the appointment time available to someone else. Please contact our office at (850) 210-0433.
2. If you miss an appointment and do not contact us with at least 24 hours prior notice, we will consider this to be a missed appointment and a \$15.00 fee will be assessed to you.
3. If you are late for an appointment, you will be seen as soon as possible, though the office visit may need to be shortened in length.
4. As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive your reminder call or message, the cancellation policy will still remain in effect.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you may have.

We thank you for your patronage.

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**I have read and understand the Medical Appointment Cancellation Policy and agree to be bound by its terms.**

\_\_\_\_\_  
Signature (Parent / Legal Guardian)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date