

Piedmont Internal Medicine, Pulmonary And
Infectious Diseases, P.A.

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Notice to Patients

Cancellation and Appointment Reschedule Policy

Please be advised that each patient is responsible for keeping scheduled appointments that are made by the patient (or a representative of the patient) in the office or by telephone. If appointments are made in the office, each patient will receive a reminder appointment card at that time.

It is the responsibility of the patient to keep his/her appointment with or without a reminder call from the office. Any appointment not kept or cancelled within a 24 hour notice of the scheduled appointment time will result in a charge of \$25.00 for an established visit or \$50.00 for a new patient visit or complete physical examination.

In addition, if any patient misses 3 consecutive visits, without notice, this will result in immediate dismissal from this practice.

I have read and understand the terms of this policy and agree to comply with its statutes.

Patients Signature _____ Date _____