

Belmont Medical Associates
1818 Richardson Drive, Ste A.
Reidsville, NC 27320
336-349-5040
www.belmont-medical.com

No Show Policy

I understand that when I make an appointment, I will be expected to keep that appointment or call and reschedule at least one full business day prior to the appointment.

It is my responsibility to call the office and reschedule if I am unable to keep the appointment.

My signature below acknowledges my understanding that if I have a total of three (3) "No Show" appointments at Belmont Medical I will be discharged from this practice.

Signature _____

Date _____

(Reviewed Jan 2016)
(Revised March 2017)