

# HAMPSHIRE GASTROENTEROLOGY ASSOCIATES, LLC

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Practice Limited to Gastroenterology and Liver Disease    www.hampshiregi.com

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## NO-SHOW AND LATE CANCELLATION POLICY

In order to provide all of our patients with the best care, Hampshire Gastroenterology Associates requires our patients to provide adequate notice when changing or canceling an appointment. When a patient fails to appear for an appointment (“No-Show”) or cancels their appointment at the last minute, other patients lose the opportunity to be seen. If you are unable to keep your scheduled appointment, you are required to provide at least 24 business hours notice. Failure to cancel or reschedule an appointment prior to 24 business hours will be considered a No-Show. No-Show or late cancellations will incur a \$25.00 Fee. You are directly responsible for payment of this fee prior to scheduling another appointment. The fee cannot be billed to your insurance company.

By signing below, I understand the policy stated above and agree to the billing changes herein described.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_