

Philip L. Leggett, MD & Seeyuen Jane Lee, MD, MPH

General, Bariatric, and Laparoendoscopic Surgery
800 Peakwood Dr., Suite 8B, Houston, TX 77090
281-580-6797 * Fax 281-580-6693

NO SHOW POLICY

Dear Patient,

When we schedule your appointments please understand we are reserving time for you with the doctor. This courtesy makes it possible for us to give you the best care. We understand that you may sometimes need to reschedule your appointments. If so, please call our office as soon as possible. Failure to do so will result in a \$25.00 no show fee to your account for scheduled office visits. There will be a \$200 fee charged to your account if you no show for surgery or endoscopy procedures. Please notify our office to cancel or reschedule within 48 hours prior to your scheduled appointment/procedure to avoid the cancellation fee. This policy applies to any and all future appointments. We appreciate your understanding and attention to this matter.

By signing this document I confirm that I have read and understand the no show policy.

PATIENT NAME

DOB

PATIENT SIGNATURE

DATE

Witness

Witness signature/Date