



NORTHEAST PLASTIC SURGERY
CENTER

5 Davis Road East
Old Lyme, CT 06371

info@northeastpsc.com
www.northeastpsc.com

Tel 860.390.6000
Fax 860-215-8150

Tomer Avraham, MD, FACS

Vinod V. Pathy, MD, FACS

Charles Karcutskie, MD

Megan Phillips, PA-C

Hannah Chalmers, PA-C

Cancellation/No-Show Policy

If you are unable to maintain your scheduled appointment, we kindly request that you provide us with at least 48 hours advance notice. All cancellations are to be made by phone, directly to the office staff and not with our answering service or other means of communication. This courtesy on your part will allow another patient to accept your appointment time.

Failure to cancel your appointment at least 48 hours in advance of your scheduled appointment time, or failure to show up to your appointment, **will result in a \$50.00 fee applied to your account.** It is required that this balance be paid in full in before any future appointments with us can be arranged. Please note, insurances do not cover late cancellation or no-show fees, and payment is the sole responsibility of the patient.

Thank you in advance for adherence to this policy.

In signing this form, I acknowledge that I have read and fully understand the above.

Patient Signature (parent signature, if minor)

Date

Patient Name (please print)