



PRESCRIPTION MEDICATION CONSENT FORM AND CANCELLATION AND NO SHOW POLICY

The providers of Cobbwest Internal Medicine Associates, LLC use an electronic medical record system that allows electronic prescribing of medications. Medications are sent to your pharmacy through a secure electronic prescription connection (RxHub) which improves the timely and accurate transmission of your medication information.

To optimize the use of this electronic capability, and coordinate your care between us and your specialists, we ask that patients allow us to access their medication history through the RxHub.

Please check only one of the following:

- I consent to allow my provider to access all of my medication history.
- I consent to allow my provider to access only my medication history for medications prescribed in this office.
- I DO NOT consent to my provider accessing any of my medication history.

Cancellation and No Show Policy:

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hour notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hour notice, we are unable to offer that slot to other people.

Office appointments which are cancelled with less than 24 hours notification may be subject to a \$30.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered as NO SHOW. Patients who No-Show two (2) or more times in a 12 month period, may be dismissed from the practice thus they will be denied any future appointments. Patients may also be subject to a \$30.00 fee for office appointment No Show fee.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that Special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department 678-324-7021.

Please sign that you have read, understand and agree to Prescription Medication Consent form and Cancellation and No Show Policy:

_____ **DOB** _____

Print Name

_____ **Date** _____

Patient Signature