NSPC
Brain & Spine Surgery

BENJAMIN R. COHEN, M.D., F.A.C.S.

200 GARDEN CITY PLAZA SUITE 102
GARDEN CITY, NY 11530

(516) 246-5008
FAX: (516) 740-0876

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 hours' 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 hours' 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 $175.00 cancellation fee. There may also be a $175.00 fee for a No Show appointment.

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered as NO SHOW.

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 Office (516.246.5008).

Please sign that you have read, understand and agree to this Cancellation and No Show Policy.

_____ Date of birth _____
Patient Name (Please Print)

_____ _____
Signature of Patient or Patient Representative Date