

**NO SHOW FEE- AUTHORIZATION OF PAYMENT**

Patient Name \_\_\_\_\_

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

No-Show Fee incurred: \$50.00

Date of Service missed: \_\_\_\_/\_\_\_\_/\_\_\_\_

To reduce confusion and misunderstanding between our patients and practice, we have adopted certain policies that are included in our new patient paperwork. If you would like a copy of these policies, please visit our website at [www.texasdiabetes.com](http://www.texasdiabetes.com). If you have any questions regarding these policies, please discuss them with our Office Manager.

***Appointments Policy:*** We will make every effort to schedule an appointment within a reasonable time frame with a qualified practitioner. We value our patients and understand that your time is valuable. Our goal is to be as punctual as possible and to see you in a timely manner. Patients arriving late for their appointments *routinely* will be asked to reschedule. ***We ask that patients call us 24 hours in advance to cancel your appointment. This allows us to give your time to another patient who might need it.*** There will be a \$50 charge for no show appointments and same day cancellations. All New Patients that no show their initial consultation will be required to pay a \$50 no show fee in order to reschedule.

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**I agree to authorize Texas Diabetes & Endocrinology, PA to debit my credit card on this day, one time only, in the amount listed below. If payment is declined, we will make 3 attempts to contact you. If we are unable to reach you, your account will be turned over to a collections agency and you will receive a formal discharge from our office.**

Amount to be debited: \$50.00

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Office Staff only Signature)

Please email completed form to [referrals@texasdiabetes.com](mailto:referrals@texasdiabetes.com)