

THE HILL OB-GYN ASSOCIATES

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Jerry Caporaso Jr., MD

NO SHOW APPOINTMENTS/CO-PAYS/CANCELLATION APPT

THERE WILL BE A \$50.00 FEE CHARGED FOR NO SHOW/CANCELLED APPOINTMENTS.

Co-Pays are due at time of visit. If co-pay not paid at time of visit, a **\$10 surcharge will be applied after 30 days and every 30 days there after.**

I _____ have received copy of this notice.

Please print name

Patient Signature

Date