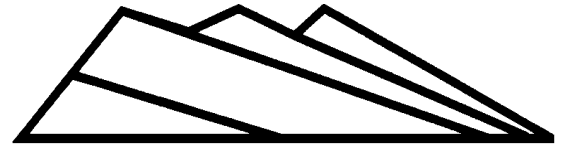




**MEDICAL ASSOCIATES
OF
NORTHERN NEW MEXICO, P.A.**



Cardiology, Internal Medicine & Family Practice

3917 West Road, Suite A,
P.O. Box 1138
Los Alamos, NM 87544
Tel: (505) 661-8900
Fax: (505) 661-8916
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Cancellation/No Show Policy

Patients who are not able to keep their appointments are required to provide timely notice of cancellation prior to their appointment time. Providing the required notice gives us the opportunity to schedule patients who may need to be seen urgently or from a wait list so they may be seen sooner.

Due to the nature of our practice, required notice varies. Patients will be informed of notification requirements when scheduling future appointments. To change your appointments please call (505) 661-8900.

Patients who DO NOT provide the required notification for cancellation are subject to a fee that is not covered by insurance.

- | | | |
|-------------------|-------------------------|-------|
| ▪ Office Visits | 1 Business Day (24hrs) | \$50 |
| ▪ Physicals | 1 Business Days (24hrs) | \$100 |
| ▪ Treadmills | 2 Business Days (48hrs) | \$100 |
| ▪ Echocardiograms | 2 Business Days (48hrs) | \$150 |
| ▪ Sestamibi | 2 Business Days (48hrs) | \$150 |

Patients who fail to pay the above fee will not be allowed to schedule future appointments until the fee is paid. Multiple Cancellations or No Shows may result in dismissal from our practice.