



Nelson A. Tajong M.D.  
LAKESIDE GASTROENTEROLOGY & LIVER SPECIALIST

## Cancellation Policy:

In effort to best serve our patients; for Procedures we will charge a fee of \$150 for the cancellation/Failure to keep your scheduled procedure appointment.

Please make every effort to notify our office within 48 business days of your scheduled procedure if you must cancel or reschedule.

I have read and understand the financial policy of this medical office and agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice without prior written notice.

### Understanding your Procedure Time/Date/Bowel Prep Instructions.

By signing below, I agree that I have read and understand the bowel prep instructions and the Date and Time of my procedure. I also agree that I need to give a 48 hour (2 business days) notice to cancel my procedure. (Saturdays and Sundays do not count)

**\*\*\*\* ALL PROCEDURE FEES MUST BE PAID ATLEAST 48 HRS PRIOR TO THE PROCEDURE, OTHERWISE YOUR PROCEDURE WILL BE CANCELLED \*\*\*\***

Date of Procedure: \_\_\_\_\_ Time: \_\_\_\_\_

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Signature of patient or Legal Guardian

Date

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\*\*\*Printed Name of Above\*\*\*

In case of a true emergency, this cancellation policy does not apply. Please let us know as soon as possible if this is the case. However, we ask that this only be used in the case of a real emergency and that you otherwise make every attempt to keep your appointment.