



W. STEWART BUNDRICK, JR., M.D.
CHRISTOPHER WILSON, M.D.

2449 Hospital Drive
Suite 280
Bossier City, LA 71111

(318) 841-4004
Fax: (318) 841-4008

Patient Name _____ DOB _____

MISSED APPOINTMENTS

WK Arklatex Urology asks that you show consideration by notifying our office at least 24 hours in advance if you are unable to keep your appointment or procedure. We would like the opportunity to offer that appointment to another patient who needs to see the doctor.

Failure to notify WK Arklatex Urology of cancellation of your appointment and/or procedure at least 24 hours in advance **may result in a “No Show” fee of \$35-\$50** being billed to your account. This fee is non-covered by insurance and it will be your complete financial responsibility.

Please note that we do understand that unavoidable circumstances occur and will take this into consideration in the event you fail to keep your scheduled appointment without notifying us within the requested 24 hour period.

Repetitive missed appointments/procedures may result in dismissal from our practice.

I have read and understand the above Missed Appointment policy for *WK Arklatex Urology*.

Patient Signature (Parent if patient is under 18 yrs of age)

Date