



ARTHRITIS & RHEUMATOLOGY
CENTER OF SOUTH FLORIDA

Jigar Shah, M.D., F.A.C.R
5901 Colonial Drive, Suite 303
Margate FL 33063
Ph: 954-281-8891
Fax: 954-375-9664

No-Show Policy

Dear Patients:

We understand that there are legitimate reasons for having to cancel an appointment. We ask you to show consideration by calling well in advance if you are unable to keep an appointment. We would like to have an option to offer that appointment to another patient who needs to see the doctor. Please let this notice serve to notify you that if you fail to give us a 24-hour notice of cancellation, there will be a \$50.00 cancellation fee billed to your account that cannot be filed to your insurance.

Printed Name: _____ Date: _____

Signature: _____