

Advanced Rheumatology & Arthritis Center

Jim C. Kim, MD

2203 17th Street

Bakersfield, CA 93301

(661) 716-0333 Fax (661) 716-1288

**LATE CANCELLATION AND
MISSED APPOINTMENT FEES AGREEMENT**

Name: _____

Date: _____

Account #: _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

It is my responsibility to notify Advanced Rheumatology and Arthritis Center at telephone number (661)716-0333 24 hours prior to the scheduled appointment, if I intend to cancel.

I will be billed at the office rate of \$25.00 for the late cancellation and missed appointment.

I agree to pay this amount in the event that I fail to cancel 24 hours prior to the scheduled appointment.

Patient Signature