ALLSKIN
DERMATOLOGY
Terri R. Dunn, M.D. Miriam Ferreira, PA-C

2828 Telegraph Ave
Berkeley, CA. 94705
Phone 510-848-8404
Fax 510-848-6312

Patient's Name_____ DOB_____

Medical No Show, Cancellation and Copay Policy

To cancel or reschedule an appointment, patients must contact the office between 9AM and 12 noon or 1:30 PM and 5PM, at least **24 hours prior to the appointment**. Monday appointments must be canceled or rescheduled by the Friday before.

If the office does not receive 24 hour notice a **$50.00** no show fee will be assessed.

Copays are due at time of service. Please note a **$25.00** billing fee will be charged if you do not have your copay at time of service.

Please sign below stating that you have read and acknowledge our cancellation policy.

_____ _____
Signature Patient/ Parent or Guardian Date

Receipt of Notice of Privacy Practices
Written Acknowledgement Form
(Please sign in office once received)

I, _____, have received a copy of the Notice of

Privacy Practices for AllSkin Dermatology.

_____ _____
Signature of Patient Date