

Robert S. Howe M.D.

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Patient Appointment Policy

Your health and medical concerns are of utmost importance to us. We make our best efforts to accommodate your needs when we set up appointments. We would appreciate your cooperation in assisting us to make this process work efficiently and effectively. Your appointment time is specifically reserved for you. Our time and your time are valuable.

As a courtesy we will call you 48 hours in advance of your appointment, as a reminder. We require advanced notice of a cancellation.

If you miss your appointment without providing advanced notice, a missed appointment fee will be charged to your account. The fee for a missed appointment is \$40.00.

I understand that I am only allowed to miss two appointments without notice within a rolling two year period. I understand that dismissal from the practice may occur after the second missed appointment.

Signature of patient or patient's representative

Date

Printed name of patient or patients representative

Relationship to patient