

Chattanooga Surgical Oncology
& ASSOCIATES, PLLC

Appointment and No Show policy:

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know in advance. A **NO SHOW** will generate a **\$25** fee that must be paid at your next scheduled visit. We understand that there may be issues beyond your control and want to be understanding of special circumstances in the event this happens please contact our office.

If you are delayed and cannot make an appointment on time, please call to advise us of your situation and provide an estimated time of arrival. Any significant delay may require the visit to be rescheduled.

Patient signature

Date

Form policy:

There will be a **\$10** fee to fill out FMLA and Cancer policy forms, and **\$15** for disability forms to be filled out by our office. This fee is per form and must be paid in full before the forms will be completed.

Please allow 7-10 days business days for the forms to be completed.

Patient signature

Date

Medical Records:

There will be a **\$20** fee for a complete copy of your medical records forty (40) pages or less in length and twenty-five cents (\$.25) per page for each page copied after the first 40 pages. This includes the cost of mailing. Payment for copies is due in full at the time the copies are requested.

Patient signature

Date

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