

Milan Patel, MD  
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**Cancellation Policy**

We ask that you give 72 hour notice to reschedule your appointment. We reserve the right to charge for missed or cancelled appointments with less than 72 hour notice, barring true medical or family medical emergencies. We charge for appointments missed or cancelled with less than 72 hour notice due to transportation issues, work-related scheduling changes, weather, etc.

**Insurance and Payment**

Dr. Patel is a non-participating healthcare provider; that is a physician with no contractual relationship with any insurance company. In order to facilitate your care, we will help file insurance claims at your request. Coverage determinations and payments of claims are subject to the eligibility, coverage, exclusions, deductibles, and limitations listed in your contract. Please verify out-of-network benefits prior to your initial consultation. If you need assistance in this matter, please call the office before scheduling your appointment.

Please arrange for payment at the time of your appointment. Payment may be in the form of checks, cash and credit/debit cards.

I, \_\_\_\_\_, have read and agree to the above.

\_\_\_\_\_

Signature of Patient, or Parent of Minor Patient,  
or Personal Representative of Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name of Patient, Parent of Minor Patient  
or Personal Representative of Patient (If a Personal  
Representative, also state relationship to patient.)