



Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

PATIENT NO SHOW/ CANCELLATION POLICY

SLEEP DISORDER CENTERS

3235 Academy Avenue
Suite 305
Portsmouth, VA 23703
Tel. 757-686-9300
Fax 757-686-1514

300 Medical Parkway
Suite 108
Chesapeake, VA 23320
Tel. 757-549-8800
Fax 757-547-8180

2713 Magruder Blvd
Suite G3
Hampton, VA 23666
Tel. 757-262-0390
Fax 757-262-0391

4480 Holland Office Park
Bldg 2, Suite 225
Virginia Beach, VA 23452
Tel. 757-228-5801
Fax 757-228-5063

S. HABEEB RAHMAN, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry*

ERIC GOLDBERG, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry
Board Certified Sleep Medicine, ABPN*

HEMANG SHAH, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry
Board Certified Sleep Medicine, ABPN
Diplomate of the American Board of Sleep Medicine*

Any Patient that fails to show up for a scheduled office appointment without calling the office to cancel the appointment or reschedule the appointment 24 hours in advance, or as soon as possible in an extreme emergency situation will be charted a **\$25.00** fee, billed directly to the patient after the “**second**” no show appointment. This charge will be used to help cover the expenses incurred in preparing the patients chart for the office visit. **Your insurance company will not be responsible for this charge.**

We make every effort to make an appointment reminder call to our patients the day prior to the appointment, *however*, there is no guarantee that we can reach all patients, so please keep up with your re-appointment cards. If we are able to reach our patients cancellations will be acceptable at that time.

The goal of our Physicians and Staff is to provide the most efficient care possible to meet the needs of **ALL** our patients. In order to do this we need to manage our Physicians time as wisely and productively as possible.

We ask the help of all patients in this endeavor and thank you in advance for your help and cooperation.

Sincerely,
Tidewater Neurologists, Inc. and Sleep Disorder Specialists

I have read and understand the Patient No Show / Cancellation Policy.

Patient Signature

Date