



DISCLOSURE OF FINANCIAL INTEREST

Shadid Medical Group, LLC, and S. Christopher Shadid, M.D., regularly send specimens collected for laboratory analysis to Total Healthcare Partners Laboratory. Shadid Medical Group, LLC, and S. Christopher Shadid, M.D., have a financial interest in all transactions sent from this office to Total Healthcare Partners Laboratory. You have a right to have your specimens collected for laboratory analysis sent to any qualified laboratory of your choice, if you so desire. If you desire that your collected specimens be sent to a laboratory other than Total Healthcare Partners Laboratory, please advise the staff of your preferred laboratory.

NO CALL/NO SHOW CANCELLATION POLICY

In an effort to provide effective and efficient treatment to all of our patients, it is the policy of this office that all appointment cancellations are made at least 24 hours prior to your scheduled appointment time.

If an appointment is not canceled or patient fails to show up for appointment, Shadid Medical Group reserves the right to charge a \$25 fee per occurrence. As this fee is not billed to any insurance company, the patient accepts full responsibility to pay this fee.

Patients who No Call/No Show three (3) or more times within a twelve (12) month period may be dismissed from the practice.

If you have any questions about this form, please talk to us before signing.

Patient's Name: _____ Patient's/Guardian's Signature: _____

Date: _____