



# DIGESTIVE DISEASE ASSOCIATES

SPECIALIZING IN DIAGNOSING AND TREATING GASTROINTESTINAL, BILIARY AND LIVER CONDITIONS

Thomas Abernathy, MD  
Biju Alex, MD  
Richard Andorsky, MD  
Allen T. Banegura, MD  
Kester Crosse, MD  
Tricia Carvalho, CRNP  
Alana Harris, CRNP  
Grishma Joy, MD  
Christopher Kim, MD  
Preston Y. Kim, MD  
Vijay Narayan, MD  
Natarajan Ravendhran, MD  
Louis A. Salas, MD  
Neeraj Sardana, MD  
Missale Solomon, MD  
Jeff Vandebroek, DO  
Carl Wheeler, CRNP

## BALTIMORE COUNTY

700 Geipe Road, Ste. 230  
Baltimore, Maryland 21228  
Phone: 410-247-7500  
Fax: 410-247-4227  
Referral Fax: 410-737-8424

## HOWARD COUNTY

10710 Charter Drive, Ste. 110  
Columbia, Maryland 21044  
Phone: 410-992-9797  
Fax: 410-730-0942

## RESEARCH OFFICE

700 Geipe Road, Ste. 230  
Baltimore, Maryland 21228  
Phone: 410-737-0053  
Fax: 410-737-8424

## ADMINISTRATIVE OFFICE

700 Geipe Road, Ste. 201  
Baltimore, Maryland 21228  
Phone: 410-737-2011  
Fax: 410-737-6884

## BILLING OFFICE

700 Geipe Road, Ste. 201  
Baltimore, Maryland 21228  
Phone: 410-737-9730  
Fax: 410-737-8413

## ENDOSCOPY CENTERS

Howard County Gastrointestinal  
Diagnostic Center  
10710 Charter Drive, Ste. 120  
Columbia, Maryland 21044  
Phone: 410-772-7345  
Fax: 410-772-8860

Gastrointestinal Diagnostic Center of  
Catonsville  
700 Geipe Road, Ste. 220  
Baltimore, Maryland 21228  
Phone: 410-242-3636  
Fax: 410-242-4404

[www.ddamd.com](http://www.ddamd.com)

## APPOINTMENT CANCELLATION / NO-SHOW POLICY FOR DIGESTIVE DISEASE ASSOCIATES

Digestive Disease Associates is privileged to provide medical and endoscopic treatment for our patients. We work diligently to maintain our high level of professional and personalized service and strive to accommodate our patient's needs for office visits and procedures in a timely manner. This requires careful planning and coordination amongst many individuals in our office.

We understand that emergencies arise from time to time for our patients, just as they do for us. However, when a patient cancels an appointment or procedure without adequate notice, or simply fails to keep an appointment, we cannot use that time to serve the needs of our other patients. Therefore, we have developed this policy regarding failure to keep appointments or cancelled appointments without adequate notice. This policy will also apply to scheduled procedures, but the monetary consequences will be greater. We respectfully request your understanding and agreement to our policy as is stated below.

## OFFICE VISITS

Any established patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hour in advance of their appointment will be charged a fee of \$50.00 per occurrence. For Monday appointments, cancellations must be made by noon on the preceding Friday. If an established patient fails to keep three appointments or fails to give adequate notice on three occasions, the practice will have the right to dismiss that patient.

## PROCEDURES

Any patient who fails to keep an appointment for a procedure (upper endoscopy, colonoscopy, flexible sigmoidoscopy, endoscopic retrograde cholangiopancreatography) or Remicade infusion; or who cancels or reschedules an appointment less than 48 hour in advance of their procedure or infusion will be required to pay \$100.00 per occurrence. For Monday appointments, cancellations must be made by noon on the preceding Thursday. If an established patient fails to keep two appointments or fails to give adequate notice on two occasions, their primary care physician will be notified, and the practice will have the right to dismiss that patient from the practice.

**FEES**

All fees charged by Digestive Disease Associates pursuant to this No-Show / Cancellation Policy are not payable by your insurance company.

All fees are payable on or at your next office appointment with your Digestive Disease Associates physician or within 30 days of receipt of billing statement from Digestive Disease Associates for that fee, whichever is earlier.

**If you believe you were charged this no-show fee in error, we allow 30 days from the appointment to dispute this charge in writing:**

**Email:** Please send the email through the website [www.DDAMD.com](http://www.DDAMD.com) Select the Contact Us tab (at the top) and then Question about a bill in order to access the Billing Question Form for submission.

(Please enter your doctor's name in the subject line of the e-mail)

**Standard Mail:** Digestive Disease Associates  
PO Box 846173  
Dallas, TX  
75284-6173

Please remember that it is your responsibility to make certain that we have updated and/or accurate phone numbers and addresses so that we may contact you promptly.

Thank you for your consideration and understanding of our policy.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_