

**Medical Appointment Consultation Fee Policy and Cancellation/No Show Policy-effective 6/1/26**

Thank you for choosing Dr. Mune Gowda M.D. & Associates for your medical care. When you schedule an appointment with our office, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact the office as soon as possible, **and no later than 48 hours prior to your scheduled appointment.**

New patient consultation fee-Dr. Mune Gowda: \$150 RN's/Aesthetician: \$40

These new consultation fees are non-refundable unless the appointment is cancelled with **at least 48 hours notice**. The cancellation must be done via a call to our office during normal business hours 9:00 am to 5:00 pm Monday through Friday. We will not accept voicemail cancellation requests. If the new patient has not contacted our office with **at least 48 hours notice** the consultation fee will be forfeited as a cancellation fee. In order to reschedule a new patient consultation a new consultation fee must be made. All new consultation fees must be made **at least 48 hours prior to the appointment** we will not accept payment at the time of the appointment.

- **Any established patient** who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 48 hours notice** will be considered a No Show and charged a **\$50.00 fee**.
- **Any established patient** who fails to show or cancels/reschedules an appointment with no 48-hour notice a **second time** will be charged a **\$100.00 fee**.
- The cancellation fee is **due prior to scheduling the patient's next office visit**.
- We accept payment via cash(in office only) debit card, credit card(3% surcharge added), HSA card, Care Credit, and Cherry. **We will not accept checks for new consultation fees or cancellation fees.**

We understand there may be times when unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our office, we may be able to waive the No Show fee. You can contact our office at the numbers below.

**Novi location 248-305-8400**

**Troy location 248-530-0000**

**I have read, understand, and agree to the policies above.**

\_\_\_\_\_  
Signature (parent/legal guardian)

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date