

Martin Shill, MD

Gastroenterology

Phone# (702)901-0673 Fax# (702) 405-9035

Patient Name: ______ Today's Date: _____



Procedure Date/Time:	Procedure Location:
APPOINTMENT CANCELLATION	
When you book your appointment, you are holding a space of patients. In order to be respectful of your fellow patients, pleare scheduled with as soon as you know you will not be able	ease call Dr. Martin Shill's office or the surgery center you
If cancellation is necessary, we require that you call at least 4 and your advanced notice will allow another patient access t	
Please understand that if you do not give 48 hours notice you	ı will incur a <mark>\$250.00 no show fee</mark> .
How to Cancel Your Appointment	
If you need to cancel your appointment, please call us at 702-901-0673 between the hours of 8 am and 5pm. If necessary, you may leave a detailed voicemail message. You may also call the surgery center where you are scheduled:	
Specialty Surgery Center: (702) 933-3999	Mountain View/Summerlin: Call Office
LATE CANCELLATIONS/NO-SHOWS	
A cancellation is considered late when the appointment is cancelled less than 48 hours before the appointed time. A no-show is when a patient misses an appointment without cancelling. In either case, we will charge the patient a \$250.00 missed appointment fee.	
How to Reschedule Your Appointmen	NT
If you need to reschedule your appointment, please call us 4 the hours of 7 am and 5pm. If necessary, you may leave a det	
I, (Full Name) acknowledge understand that I will be charged a \$250.00 cancellation or no hours. I also understand that I will not be charged if these gu	• •
	Patient Signature