



Denise Wunderler, DO
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Phone 609.896.9190 * Fax 609.896.3555

Date: _____

Dear _____,

We understand that there are times when you miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If your appointment is not canceled at least 24 hours in advance, you will be charged a thirty dollar (\$30) fee that will **NOT BE COVERED** by your insurance.

Any Late Cancellation and No Show fees are the sole responsibility of the patient and are required to be paid before your next appointment.

Date of missed or canceled appointment: _____ at _____ AM / PM
with Dr. _____.

We apologize for any inconvenience this policy may cause, and we appreciate you choosing Princeton Sports and Family Medicine for your medical needs. Any questions about your account should be directed to the Billing Department (609) 803-2429.

Sincerely,

Princeton Sports and Family Medicine