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Notice of Cancellation Policy

If you are unable to keep a scheduled appointment, please give advanced notice, as specified below, to ensure that you will not be charged for the appointment.

You must contact our office 24 hours in advance to cancel or reschedule an office visit appointment. If you fail to do so you will be charged a \$50.00 fee. _____ (initial)

You must contact our office 72 hours in advance to cancel or reschedule a surgery. If you fail to do so you will be charged a \$150.00 fee. _____ (initial)

Additional Fees

Medical Records and Disability Paperwork – There is a \$50.00 fee for completion of Disability Paperwork _____ (initial)