



## **Cancellation/No Show Policy**

### **1. CANCELLATIONS**

We understand that there are times when you must 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. Also the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment schedule.

**If an appointment is not cancelled at least 24 hours in advance you will be charged a seventy-five dollar (\$75) fee.**

### **2. NO SHOWS**

Patients who do not show up and/or do not call to cancel their appointment 24 hours prior will be considered a NO SHOW. Patients who NO SHOW two (2) or more times in a 12 month period, may be dismissed from the practice and they will be denied any future appointments.

**If you are a NO SHOW to your appointment you will be charged a seventy-five dollar (\$75) fee.**

### **3. LATE APPOINTMENTS**

We understand that delays can happen however we must try to keep the other patients and doctors on time. If you are 15 minutes or more past your scheduled appointment time you will be asked to reschedule.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Please sign if you understand and agree.

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Patient Name (Please print)

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Signature of Patient or Representative

Date