

## Cancellation and No Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore required that if you must cancel your appointment you provide more than 24 hours notice. This will allow for another person who is waiting for an appointment to be scheduled for that appointment time.

Cancellations made less than 24 hours, make it difficult to offer that time to another person. Office appointments which are cancelled with less than 24 hours notification may be subject to a \$50.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment 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 will be denied any future appointments. Patients may also be subject to a \$50.00 fee for office appointment No Show.

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.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Please sign that you have read, understand and agree to this Cancellation and No Show Policy.

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Patient Name (Please Print)

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Date of birth

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Signature of Patient or Patient Representative

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Date