

# CANCELATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested *that a minimum of 24 hours notice be provided in the event of a cancellation*. This will enable another Patient who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made within less than 24 hours notice, we are unable to offer that slot of time to other Patients.

Office appointments which are canceled with less than 24 hours notification are subject to a **\$40.00 cancellation fee**. The patient should understand that this charge will not be covered by insurance and will have to be paid, in full, at the time of the next scheduled visit.

Patients who do not show for their appointment and fail to call to cancel an appointment will be considered a **NO SHOW**. Patients who No-Show will be subject to a **\$40.00 fee**. The No-Show fee is the sole responsibility of the Patient and must be paid in full prior to 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.

Our practice firmly believes that a good patient physician relationship is based upon understanding and good communication. We are here to help you which requires a commitment from us and you.

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

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

***\*\*BY SIGNING BELOW I AM GRANTING PERMISSION TO VIEW MY PRESCRIPTION HISTORY FROM EXTERNAL SOURCES.***

\_\_\_\_\_  
Signature