



NO SHOW AND CANCELLATION POLICY

In order to be respectful to our patients needs and our doctors schedule, we ask that if you need to cancel your appointment, you contact our office 24 business hours prior to your appointment. This time can be reallocated to someone who is in urgent need of treatment.

Effective May 1, 2016, our office is implementing a “No Show” policy. A “No Show” is someone who misses their appointment without canceling 24 business hours in advance of their scheduled appointment. No-shows inconvenience those patients who need access to medical care promptly and the doctors time to care for those patients. A fee of \$50 for an established patient and \$100 for a New Patient will be billed for missed appointments. This fee will need to be paid in full before scheduling any future appointments.

By signing below, you acknowledge that you have received this notice and understand this policy.

Patient Name

Patient Signature

Date

For Employee Use Only

Employee Initials: _____

Date Received: _____

Patient Account Number: _____