



Cancellation and No-Show Policy

Dear Patient:

We strive to meet and exceed all our patients' expectations and are dedicated to rendering excellent medical care to you and the rest of our patients. To meet your needs, we are implementing a cancellation and no-show policy. This policy enables us to better utilize available appointments for our patients.

We understand that situations arise in which you must cancel your appointment. Therefore, if you must cancel your appointment, you must provide a minimum of 48 hours notice.

When you make an appointment, time is reserved for you on the physician's schedule. When sufficient notice is not given to cancel or reschedule your appointment, it does not give us enough time to contact another patient who could come to the clinic during your assigned time. This results in patients not getting the care they need when needed.

As a courtesy, we contact you seven business days and two business days before your appointment to remind you of your appointment.

Office appointments which are canceled with less than 48 hours' notification may be subject to a **\$25.00** cancellation fee. Cancellations less than 48 hours will be reviewed on a case-by-case basis.

Patients who do not attend 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 12 months may be dismissed from the practice and denied any future appointments. Patients may also be charged a **\$25.00** fee for not attending an appointment.

NOTE: THESE FEES ARE NOT COVERED BY YOUR INSURANCE COMPANY AND ARE THE SOLE RESPONSIBILITY OF THE PATIENT AND MUST BE PAID IN FULL BEFORE THE NEXT APPOINTMENT.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Your health is important to us.

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

Patient Name (Please Print)

Date of Birth

Signature of Patient or Patient Representative

Date Signed