



CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel or reschedule your appointment. It is therefore requested that if you must cancel or reschedule your appointment, you provide more than 24 hours notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. Failure to give 24 hours notice or not showing up for your appointment may be subject to the following fees:

- First & second incident: \$50 office visit or \$150 procedure fee billed to your account.
- Third incident: subject to above fees billed to your account and you may be discharged from the practice, thus being denied any future appointments.

These fees are the sole responsibility of the patient/representative and must be paid in full before the patient's next appointment.

We have instituted reminder processes to help you remember to keep your appointment, but if you fail to show and fail to give notice, we have no choice but to add this charge to your account.

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 or Patient Representative

Date_____