

No Show / Cancellation Policy
Effective: January 1, 2017

Your scheduled appointment is a specific time that is reserved for you to spend time with your physician / provider. It is very important for you to be on time or cancel 24 hours prior to this reserved time if you are unable to make your appointment. Prior notification allows our staff to fill these reserved time slots with patients that are waiting for appointments.

We understand that situations arise that require you to cancel an appointment, but we require a 24 hour notice of cancellation or you will be charged a \$25.00 no show / cancellation fee. Therefore, if you do not show up to your appointment and have not called to cancel 24 hours prior, you will be charged a \$25.00 no show/ cancellation fee. These charges cannot be billed to any insurance company and will be considered self-pay and billed directly to you.

Please understand that it is our goal to provide quality care in a timely manner to our patients. In order to achieve this goal we need our patients / families to communicate with our practice so that we utilize our physician / provider's time in the best way possible to meet our patient's needs.

Thank you for your consideration and understanding of this policy.

Patient / Guardian / Patient Representative Signature

Date / Time

Witness Signature

Date / Time

INTERPRETER ONLY

(Please Print)

Name: _____

Agency: _____

Telephone: _____

Language: _____