



## APPOINTMENT CANCELLATION POLICY

YOUR APPOINTMENT TIME IS IMPORTANT TO YOU, YOUR PHYSICIAN AND TO OTHER PATIENTS WHO ARE IN NEED OF OUR SERVICES. AN APPOINTMENT IS A CONTRACT OF TIME RESERVED FOR YOU FOR YOUR HEALTHCARE ASSESSMENT. AS A COURTESY, WE WILL SEND YOU AN EMAIL, TEXT MESSAGE AND/OR A PHONE CALL TO REMIND YOU OF YOUR APPOINTMENT DATE AND TIME. WE ASK THAT YOU EXTEND A SIMILAR COURTESY BY KEEPING YOUR APPOINTMENT.

**IF YOU CANNOT KEEP YOUR APPOINTMENT FOR ANY REASON, PLEASE CONTACT OUR OFFICE OR CHANGE THRU THE ONLINE APPOINTMENT SCHEDULER NO LATER THAN 24 HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT TIME.**

IF YOU DO NOT SHOW FOR YOUR APPOINTMENT OR CANCEL/RESCHEDULE AFTER THIS TIME, THE FOLLOWING FEES WILL APPLY AND WILL BE STRICTLY ENFORCED: (PLEASE INITIAL ON EACH LINE)

\_\_\_\_\_ 1ST OFFENSE: \$50 FINE DUE UPON ARRIVING AT YOUR NEXT APPOINTMENT

\_\_\_\_\_ 2ND OFFENSE: \$50 FINE DUE BEFORE FUTURE APPOINTMENTS WILL BE SCHEDULED

\_\_\_\_\_ 3RD OFFENSE: \$50 FINE DUE AS PER ABOVE AND YOU WILL BE REQUIRED TO PLACE A CREDIT CARD ON FILE WHICH WILL BE AUTOMATICALLY CHARGED UPON EACH SUBSEQUENT OFFENSE

NEW PATIENT: \$50 DEPOSIT WILL BE REQUIRED TO RESERVE YOUR APPOINTMENT AFTER THE 1ST OFFENSE.

YOU WILL BE PERSONALLY RESPONSIBLE FOR THIS CHARGE. THIS CHARGE WILL NOT BE BILLED TO NOR PAID BY YOUR INSURANCE COMPANY.

CONTINUED OFFENSES MAY RESULT IN DISMISSAL FROM THE PRACTICE. PATIENTS THAT EXCESSIVELY CANCEL/RESCHEDULE APPOINTMENTS EVEN PRIOR TO THE DAY BEFORE MAY ALSO RISK DISMISSAL FROM THE PRACTICE.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AND UNDERSTAND THE CANCELLATION POLICY. I AGREE TO HAVE MY CREDIT CARD PLACED ON FILE AND HAVE MY CREDIT CARD CHARGED FOR THE ABOVE FINES IF I HAVE CANCELLED/NO-SHOWED/RESCHEDULED THREE APPOINTMENTS.

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PATIENT SIGNATURE

PRINTED NAME

DATE