## NO SHOW AND LATE CANCELLATION POLICY

EFFECTIVE AUGUST 1, 2017 WE WILL BE IMPLEMENTING A NO SHOW AND LATE CANCELLATION POLICY SERVICE FEE OF \$50.00 IF YOU MUST CANCEL YOUR APPOINTMENT WE REQUEST THAT YOU PROVIDE AT LEAST 24 HOURS NOTICE. THIS WILL ENABLE US TO PROVIDE SERVICES TO OTHER PATIENTS.

PATIENTS WHO DO NOT SHOW FOR THEIR APPOINTMENT WILL BE CONSIDERED AS A NO SHOW. THE CANCELLATION AND NO SHOW FEES ARE THE SOLE RESPONSIBILTY OF THE PATIENT AND MUST BE PAID IN FULL BEFORE THE PATIENT'S NEXT APPOINTMENT.

QUESTIONS ABOUT OUR POLICY AND FEES SHOULD BE DIRECTED TO OUR OFFICE AT 954-983-7457.

THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING. PLEASE SIGN THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THIS NO SHOW POLICY.

Signature:	Today's Date:
Patient Name:	Date of Birth: