**Cancellation, No show and Late arrival policy**

In an effort to maximize the time your physician spends with you and minimize your wait time, we have made changes to our No-Show, Cancellation, and Late Arrival Policies as follows.

**No show policy**

Effective June 1, 2024, we will implement a “cancellation, no-show” policy, which will affect all patients who do not keep their scheduled appointment or who cancel an appointment with less than a 24- hour notice.

* First occurrence – Patient will be charged a fee of $25.00.
* Second occurrence – Patient will be charged $55.00 no show fee
* Third and subsequent occurrences – May result in dismissal from practice and additional $75 no show fee.

**\*The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient’s next appointment.\***

**Late arrival policy**

Patients arriving more than 20 minutes late for a scheduled follow up visit or new patient visit appointment will be rescheduled for another day.

We understand that Special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval. Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no-show fees should be directed to management.

**Please sign below that you have read, understand, and agree to this policy.**

**Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Patient or Patient Representative**

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