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CANCELLATION/NO-SHOW POLICY

EFFECTIVE JUNE 1, 2015

Our goal in this practice is to provide you and your fellow patients with the highest quality of health care in a timely manner. Due to the number of “no-show” patients, our practice has implemented the appointment/cancellation policy below if you miss your appointment. This policy enables us to better utilize available appointments for our patients in need of medical care.

IF YOU FAIL TO CANCEL YOUR OFFICE APPOINTMENT AT LEAST 24 HOURS AHEAD OR FAIL TO SHOW UP FOR YOUR SCHEDULED APPOINTMENT, YOU WILL BE CHARGED A “NO-SHOW” FEE IN THE AMOUNT OF \$50.00, WHICH WILL BE BILLED TO YOUR ACCOUNT. THIS IS NON-COVERED BY YOUR INSURANCE COMPANY, AND YOU WILL HAVE COMPLETE FINANCIAL RESPONSIBILITY FOR THIS FEE.

Please don't be a “no-show”. Help us provide you with the care you deserve. We appreciate your understanding and cooperation in this matter.

I, _____, agree to call at least 24 hours before my appointment date to cancel or reschedule my appointment. I understand that non-compliance of this agreement will result in a \$50 fee.

Signature: _____ Date _____