



1428 W. Hebron Parkway, Ste 110
Carrollton, Texas 75010
972-939-4555 · Fax 972-939-7020

CANCELLATION AND MISSED APPOINTMENT POLICY

I understand that my appointment time is reserved for me at the exclusion of others who may want to see the doctor. I understand that if I am unable to attend my appointment, I must give 24-hour notice prior to the day of my visit. If I do not cancel my appointment 24 hours prior to my appointment or fail to show without any notice my account may incur a \$25 fee.

I agree to call the office at 972-939-4555 during business hours if I need to cancel or re-schedule an appointment. I am aware that leaving a voicemail after hours may not be an acceptable way to cancel my appointments since my voicemail may not be heard until after my missed appointment. I am also aware that if I cancel or miss appointments on a consistent basis, Precision Family Medicine reserves the right to refer me elsewhere for services.

RETURNED CHECKS

I understand that any check not honored by my bank (for any reason) will result in a \$30 returned check fee. Returned checks must be re-paid by cash, money order or credit card. Failure to pay any returned check and fees may result in criminal prosecution.

Printed Patient Name

Patient Signature

Date

Signature of Guardian (if patient is a minor and/or responsible party)