CANCELLATION POLICY

If you are unable to attend an appointment, I request that you provide at least 24 hours advanced notice to the office. Please note since I will be unable to use this time for another client, you will be billed the entire cost of your scheduled appointment unless such cancellation is due to illness or emergency.

I appreciate your help in keeping the schedule running efficiently	
Client signature	Date

Jane Rubenstein APRN-C, MSN Certified Nurse Practitioner