



Cancellation & No Show Fee Policy

Due to high patient demand, and limited availability of appointments we have instituted a \$50.00 no show/cancellation fee when less than 24 hours notice is provided.

Please understand, each time a patient misses an appointment without providing proper notice, another patient is potentially prevented from receiving care. As a result, we reserve the right to charge a \$50.00 fee for these occurrences if one elects to either not attend or cancel a scheduled appointment with less than 24 hours notice.

In addition, if it is determined that you have abused our attendance policy and have more than two(2) No Shows (defined as either not showing for or providing less than 24 hour notice of your scheduled appointment), your no show fee will be increase to \$85.00.

Finally, if anyone accrues more than four (4) No Shows fees, they will be asked to pay off this No Show Fee balance prior to being permitted to schedule any further appointments.

By signing this agreement, you the patient are attesting that you have been informed and understand our attendance policy. You are also attesting that you understand that this charge will be billed directly to you, not your insurance company.

Patient Signature

Date:

Patient Name (Printed)