

## **Appointment Cancellation/No Show Policy**

The policy of this office is to encourage patients to give us at least 24 hours notice of cancellation of any appointment.

If any new patient fails to appear or cancel an appointment without at least 24 hour notification, a \$50.00 fee will be applied to your account on the second offense, with reasonable consideration of circumstances, (unforeseen emergencies or sickness.)

This charge is not covered by any insurance plan, therefore you will be personally responsible for this fee before further appointments are scheduled.

This policy also applies to established patients, there will be a \$25.00 fee applied to their account on the second missed appointment.

My signature below indicates that I understand and will abide by this policy

Patient Name (please print) \_\_\_\_\_

Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_