



ORLANDO: 2345 SAND LAKE ROAD, SUITE 200.
ORLANDO, FL 32809.
TEL: (407) 851-5121, FAX: (407) 851-0439

OCOEE: 1551 BOREN DR. UNIT B. OCOEE, FL 34761
TEL: (407) 532-4940, FAX: (407) 532-4946

No-Show / Missed Appointments and Late Cancellation Policy

It is your responsibility as our patient to attend all scheduled appointments. If, for some reason, you are unable to make your appointment, **it is your responsibility to cancel the appointment** with a member of our staff, 48 (FOURTY-EIGHT) hours prior to the scheduled appointment time. If you miss or fail to cancel an appointment, you will be charged a fee of \$60 for existing patients and \$125 for new patients.

Habitual offenders, more than three missed appointments, late cancellation or no-shows will be subject to discharge from the clinic.

Insurance will not be billed for these charges and are the sole responsibility of the patient/and or guardian.

Please indicate your agreement to the terms of this policy by signing below:

Printed Patient Name: _____ Date: _____

Signature of Patient: _____ Date: _____

Printed Name of Responsible Party (if not patient) _____

Signature of Responsible Party _____