

ACKNOWLEDGMENT OF APPOINTMENT CANCELLATION POLICY

In today's hectic world, unexplained issues come up for all of us. We recognize this fact but we respectfully request that you cancel your office visit or procedure appointment a minimum of **3 business days (72 hours)** in advance; that way the open slot is timely offered to another patient who needs it. Failure to provide such a notice will result in an assessment fee of **\$50 for office visit and \$100 for procedure**. This fee is not covered by your insurance carrier or by Medicare and will be your responsibility.

The following 2 reasons will serve as the only exceptions to the Cancellation Policy:

- 1- Your own acute personal sickness or injury
- 2- Death or other emergency in your immediate family

Our aim here is to open otherwise unused appointments for our patients and not to collect missed appointment fees. Your understanding and cooperation are appreciated in that matter.

By signing below, I acknowledge that I have been informed of, and agree with the GNCF 's Appointment Cancellation Policy.

Patient signature

Patient name

Date