

Cancellation and No Show Policy

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication.

Please be advised that if you are more than 15 minutes late arriving to your appointment, you will be rescheduled in order to meet the needs of those patients who are on time. For patients who are continuously late, you may also be subject to our cancellation fees as specified below.

We understand that situations may arise in which you must cancel your appointment. It is therefore requested that if you must cancel, you provide more than a 24 hours notice.

Office appointments which are cancelled with less than 24 hours notification will be subject to a **\$50 cancellation fee**, while testing appointments will be subject to a **\$75 cancellation fee**. If you are scheduled for more than one appointment on the same day and fail to provide 24 hours notice, you will be charged accordingly for each appointment missed. Patients who do not show up for their appointment without a call to cancel an office appointment or testing appointment will be considered as **NO SHOW**. Continuously disregarding this policy may result in possible discharge from our practice.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next visit.

We understand that unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Please sign that you have read, understand, and agree to this Cancellation and No Show Policy.

Patient Name (Please Print)

Date of Birth

Patient Signature

Date