PATIENT APPOINTMENT POLICIES

We value your time as a patient, and respectfully ask you to do the same with our providers and other patients in our practice. Being able to maintain an on-time daily schedule is a high priority at Seasons of Life, but at times, unforeseen issues or emergencies may be a valid reason that we are running behind schedule. As a courtesy, our system will deliver a reminder call prior to your appointment with us, but ultimately the responsibility falls to you to be on time for your appointment.

Please understand that when you fail to provide adequate notice when cancelling an appointment, fail to show up, or arrive late for your scheduled appointment, you inconvenience our other patients and cause the office to run behind schedule. In order to protect our patients’ time and our office time, we will be enforcing the following policies:

We respectfully require that you provide **no less than 24 hours’ notice** for all cancellations, unless an unavoidable circumstance prohibits your arrival, i.e. auto accident or medical emergency. **There will be a $30 charge for any inappropriately cancelled appointments and no shows. This charge must be paid in full before another appointment can be scheduled at Seasons of Life.**

If you arrive **more than 10 minutes late** for your scheduled appointment and the schedule does not have an immediate opening, we will have to reschedule your appointment for the next available, whether it is that same day or another day.

Repeated cancellation or no shows may be cause for your termination from our practice.

We will always strive to honor your appointment at the time it is scheduled. However, if an unforeseen delay due to a medical emergency occurs that our doctors are obligated to handle, we will offer you the option of waiting or rescheduling your appointment.

I have read and fully understand the policies above.

Patient Name *(printed)*: ____________________________

Patient Signature: ____________________________

Date: ______________________

Witness: ____________________________