



Andrew B. Nightingale, MD • Jeffrey D. Nightingale, MD

CANCELLATION AND NO SHOW POLICY AGREEMENT

Our practice is committed to providing all of our patients with exceptional care. When patients cancel without giving enough notice, they prevent other patient from being seen.

We understand that situations arise in which you must cancel your appointment. It is requested that if you must cancel your appointment you **provide more than 24 hours notice**. To cancel a Monday appointment, please call our office by **2pm on the preceding Friday**. This will enable another patient who is waiting for an appointment to be scheduled in that appointment slot. Office appointments that are cancelled with less than 24 hours notification will be charged a **\$50.00 Cancellation Fee**.

Patients who do not show up for their appointment without a call to cancel an office appointment will be marked as a **No Show**. Patient will be charged a **\$50.00 No Show Fee**.

Cancellation and No Show Fees are the sole responsibility of the patient and must be paid in full prior to the patient's next appointment.

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

Print Name: _____

Signature: _____

Date: _____