



Cancellation, Rescheduling and No Show Policy

We understand situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel or reschedule your appointment that you provide 24 hour notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot.

Office appointments which are cancelled or rescheduled with less than 24 hour notification may be subject to a **\$25.00** fee. Any test/procedures cancelled or rescheduled with less than 24 hour notification may be subject to a **\$50.00** fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or test/procedure appointment will be considered as NO SHOW. Patients who no call/no show two or more times in a 12 month period may be dismissed from the practice. Patients may also be subject to a **\$25.00** fee for an office appointment no call/no show or a **\$50.00** fee for a test/procedure no call/no show. Patients who show up *after* their scheduled appointment time are considered no call/no show and may not be seen.

The above fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

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

Our practice firmly believes that good physician/patient relationships are based upon understanding and good communication.

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

Patient Name (Print)

Date of Birth

Signature of Patient or Patient Representative

Date