

Cancellation, Rescheduling and No Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel or reschedule your appointment you provide 2 business days' notice. This will enable for 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 2 business day notification may be subject to a **\$75.00** fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or 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 thus they will be denied any future appointments. Patients may also be subject to a \$75.00 fee for an office appointment no call and no show.

The cancellation, last minute rescheduling and no show 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 but only with management approval.

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

Rescheduling and No Show Policy	
Patient Name (Print Please)	Date of Birth
Signature of Patient or Patient Representative	Date