



Cancellation and No-Show Policy

Our goal is to provide quality individualized medical care in a timely manner. No Shows create an inconvenience for the practice and prevent scheduling of other patients who need access to medical care in a timely manner. We understand situations arise when you may need to cancel your appointment and we appreciate advance notice when that happens. This helps us be respectful of other patients needs and enables us to give the appointment time to another patient who needs to see us.

Please call our office by 3:00 pm on the business day prior to your scheduled office appointment to notify us if you need to reschedule or cancel. Office appointments which are rescheduled or cancelled **without** advanced notice will be subject to a **\$25.00 Late Cancellation Fee**. This fee will not be submitted to insurance. It is your responsibility and must be paid in full prior to scheduling your next appointment

Signature of Patient

Date

Signature of Witness

Date