

Patient Cancellation & No Show Policy

“No-shows” or last minute cancellations/reschedules leave empty appointment times that would otherwise have been used to help others waiting to receive medical care. It is a disservice to patients and physicians.

Patients who do not keep their appointments or provide 24 hour notice of cancellation or the need to reschedule will be subject to a charge of \$25.00 for first cancellation/reschedule or no-show without proper notice. The rate will increase to \$55.00 for subsequent occurrences.

This fee will be applied after the second missed appointment or second failure to provide 24 hour notice of cancellation. Payment of cancellation/no show fees are the patient's responsibility and will not be billed to your insurance company.

We realize that on a rare occasion, emergencies may arise, and we will address these situations with you at that time. Doctors notes, work excuse, etc. may be necessary.

We reserve the right to terminate our relationship with you after five (5) or more occurrences. Good medical care and a positive doctor-patient relationship are dependent upon consistent consultation and treatment. *This cannot be accomplished with frequent missed appointments.*

Your signature on this document indicates your understanding and acceptance of our policy regarding cancellation and/or missed appointments. If you should have any questions regarding this policy, we will be happy to discuss them with you.

Acknowledgement of Cancellation & No Show Policy

I understand that I am personally financially responsible for charges incurred due to appointment cancellation or no show.

Name: _____ **Date:** _____

Signature: _____

Witness: _____