



CANCELLATION AND NO-SHOW POLICY

Please read each paragraph below and initial to the left acknowledging your understanding of our office policies.

_____ **Appointments:** We require that you call and give our staff at least 24 hours (1 business day) notice to cancel or reschedule your appointment. If the appointment is not cancelled or rescheduled at least 24 hours (1 business day) in advance, you will be charged a \$ 40.00 fee for the missed visit. Arriving to your appointment 15 minutes late without prior notice is considered a late cancellation and is subject to the same \$40.00 fee.

_____ **In-office procedure appointments.** We required that you call and give our staff at least 72 hours (3 business days) notice to cancel or reschedule an in-office procedure appointment. If the appointment is not cancelled or rescheduled at least 72 hours (3 business days) in advance, you will be charged a \$ 75.00 fee.

_____ **Surgeries.** We require that you call and give our staff at least 72 hours (3 business days) notice to cancel or reschedule your surgery. If the surgery is not cancelled or rescheduled at least 72 hours (3 business days) in advance, you will be charged a \$ 150.00 fee.

_____ If appointments are consistently missed or rescheduled, you could be dismissed from the practice.

All fees must be paid in full prior to scheduling your next appointment and/or surgery. This is nonrefundable and will not be covered by your insurance company.

By signing below, you acknowledge that you have read and understand the policies.

Patient Signature _____

Print Name _____

Date _____