



Cancellations and No-Show Policy

When we make your appointment, we are reserving a room for your healthcare needs. If you must change and/or cancel your appointment, please give us 24-hours' notice. Your courtesy will make it possible to give your reserved spot to another patient who needs to be seen.

All cancellations and no shows cancelled less than 24-hours' notice will be subjected to a \$25.00 fee for Routine Office Visits and \$50.00 for New Patients Visits, Physicals or Pre-Surgical Exams and In-Office Procedures.

Repeated missed or cancelled appointments will result in the loss of future appointment privileges. The fees are the sole responsibility of the patient and must be paid in full prior to the next appointment.

I, _____ acknowledge the terms of this policy.
Print Name

Signature: _____

Date Signed: _____