

CANCELLATION, NO SHOW AND LATE ARRIVAL POLICY

We want to thank you for choosing us as your health care provider. In order to give you and all of our patients the best possible care, we request that you review our policy.

Cancellation and No Show Policy

Consultation and exam time slots are limited and valuable. In an effort to serve you better, we ask for proper notice for any cancellation. All patients are **required** to give at least **24 hours** advanced notice when cancelling an appointment.

While we do provide a reminder call at least 24 hours before your appointment, it is ***your responsibility*** to remember your appointment.

Patients failing to give **24 hours** notice (“Same Day Cancellation”) or giving no notice at all (“No Show”) will be charged \$40.00 for any missed appointments. If this should happen more than twice, a \$60.00 charge will be incurred for the third incident. All fees **must** be paid before a new appointment can be scheduled. After three (3) missed appointments, the practice may at its discretion choose to discontinue your care.

Late Arrival Policy

We make every effort to be on time for all our appointments. When one patient arrives late, it throws us off our entire schedule as we are rushing or “squeezing in” that patient which, unfortunately, shortchanges the care of that patient as well as those patients who did arrive on time and are now waiting. Therefore, it is extremely important that all patients honor their reserved appointments.

If you are a **New Patient** you will be instructed to come to our office **20 minutes** prior to your appointment time in order to complete your forms and to complete the registration process. This allows our receptionists the necessary time to review your paperwork to ensure completion. If you arrive **at** your appointment time, you will be asked to reschedule unless the physician’s schedule can still accommodate you.

If you are an **Established Patient** you will be instructed to come to our office **15 minutes** prior to your appointment time allowing you to review your forms and to complete the registration process. If you arrive **at** your appointment time, you will be asked to reschedule unless the physician’s schedule can still accommodate you.

Priority will be given to the patients who arrive on time and you may have to be worked in between them. This may mean you will have a considerable wait.

We ask that you please be courteous of your provider’s valuable time and attention. The physician’s, office staff, as well as your fellow patients will thank you.

I understand and agree to abide by this Cancellation, No Show and Late Arrival Policy.

Print Patient Name

Date of Birth

Patient/Parent/Guardian Signature

Date