

Cancellation Policy

We require that you give our office 24 hours notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment time. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of \$50.00 for each ½ hour of your appointment time this will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee.

Additionally, if a patient is more than 10 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the \$50.00 cancellation fee will be charged. If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. We thank you for your patronage.

Print name: _____

Signature: _____

Date: _____