

## Missed Appointment Policy

We will make every effort to accommodate your scheduling needs. In return we ask that you help us on keeping your scheduled appointments, and by notifying us in advance if you are unable to do so. We currently have a waiting list for appointments and when you give us advance notice we are often able to accommodate other patients, Thank you for your courtesy.

Please read and sign our policy as indicated below:

ALL PATIENTS WHO FAIL TO ARRIVE FOR THEIR SCHEDULED APPOINTMENTS OR WHO CANCEL WITH LESS THAN 24 HOURS ADVANCE NOTICE WILL BE CHARGED A MISSED APPOINTMENT FEE OF \$25.00.

Please note: The missed appointment fee is **NOT** covered by insurance plans and is your responsibility to pay

- If you need to cancel or reschedule an appointment, please give us at least 24 hours notice in advance to avoid a charge
- If you fail to arrive for your missed appointment and have not notified us 24 hours in advance, you will be charged a missed appointment fee of \$25.00

Thank you for your assistance with complying with our policy.

Patient Name (please print) \_\_\_\_\_

I have read and understand this policy.

Patient or Legal Guardian \_\_\_\_\_

**Signature**

\_\_\_\_\_ **date**