

NO SHOW POLICY



In order to provide the best service to our patients, we ask that you notify our office 24 hours in advance to cancel and/or reschedule your appointment. Please remember that our staff scheduled your appointment and reserved time for you in good faith and it is your responsibility to remember when you scheduled your appointment.

Please be aware that our office reserves the right to charge a fee in the amount of \$25.00 for a "no show" appointment, or for calling the office the day of the scheduled appointment to cancel. This charge is not billable to insurance and will be the patient's responsibility to pay.

Patient Name

Patient Signature

Date