



**Appointment Cancellation/No Show Policy**

We are honored you have chosen our office and look forward to taking care of you. We have set aside the amount of time needed for your appointment in order to provide you with the highest level of care. We understand that there may be times when you are not able to make your scheduled appointment and ask that you kindly give our office a 24-hour notice. If you do not show up for your scheduled appointment, you will be charged a No Show fee.

- If you are an established patient and fail to notify our office, there will be a \$50.00 no show fee charged to your account that will need to be paid at the time of rescheduling your appointment.
- If you are a new patient and fail to notify our office, there will be a \$50.00 no show fee charged to the credit card that was obtained when scheduling your appointment.

If you have an unforeseen circumstance that does not allow for a 24-hour notice, please contact our office to speak with our office administrator, who may be able to waive the no show fee.

No show fees are the patient's responsibility and will not be billed to your insurance company.

I have read and understand the Appointment Cancellation/No Show Policy and agree to its terms.

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Patient Name

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Patient/Legal Guardian Signature

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Date