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## **Medical Appointment Cancellation Policy**

Dear Patient,

When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another sick patient.

Our policy is as follows:

We request that you give our office a 24-hour notice in the event that you need to reschedule or cancel your appointment with the physician. (If the office is closed, please leave a message on our answering machine). This allows other sick patients to be scheduled into that appointment time. It also makes it possible to reschedule your appointment more efficiently.

If you miss an appointment without contacting our office, this is considered a missed appointment (“No-Show, No-Call”). A fee of **\$25.00** will be charged to you for a missed appointment. If you accumulate a total of three (3) missed appointments, you may not be rescheduled for future appointments and will be discharged from the practice.

Additionally, if you are more than **15 minutes late** to your scheduled appointment, your appointment will be cancelled.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you may have.

We thank you for your patronage.

**I have read and understand the Medical Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.**

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Signature of Patient or Legal Guardian

Date