

CANCELLATION, NO SHOW, AND LATE POLICY

Thank you for trusting your medical concerns with HeartCare. When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Additionally, we do not recommend arriving more than 10 minutes prior to your scheduled appointment time, as this does not ensure you receiving care sooner than your set appointment.

We understand that unforeseen emergencies occur and if you should experience extenuating circumstances, please contact our Office Manager.

Please Re	ead and Initial Next to Each Indicated Item:
	For Established Patients, Cancellations made without the courtesy of 24-Hour notice, Missed Appointment, or No Show will be charged a \$50 fee.
	For New patient, Cancellations made without the courtesy of a 24-Hour notice, Missed Appointment, or a No Show will be charged a \$125 fee.
	Arriving Later than 15 minutes for your appointment, you will be given the option of: 1.) Waiting until the end of the day to see a provider if an appointment is available. 2.) Reschedule your appointment for a later date and time.
	Multiple NO SHOWS in any 12-month period may result in termination from our practice.
Th	ese fees are not covered by insurance and must be paid prior to your next appointment
By Signing and Late	g below, you acknowledge that you have received and understand the Cancellation, No Show, Policy.
Print Nam	ne: D.O.B.:
	Patient/Guardian
Signature	: Date:
	Patient/Guardian