

## **Cancellation/No Show Policy**

In an effort to keep our standard of care to our patients at the highest level we are implementing this policy. We set aside enough time to provide you with the highest quality of 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.

Any patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice will be considered a No Show and charged a \$50.00 fee.

The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.

I have read and understand the Cancellation/ No Show Policy and agree to its terms.	
Signature (Parent/Legal Guardian)	 Date
Printed Name	