



## **Cancellation/Missed Appointment Policy**

Dear Valued Patients:

We would like to inform you of an office policy change concerning missed appointments and cancellations. We will make every effort to accommodate your scheduling needs. In return we ask that you help us by keeping your scheduled appointments, and by notifying us in advance if you are unable to do so. We currently have a waiting list for appointments and when you give us advanced notice we are often able to accommodate other patients. Thank you for your courtesy.

Please read and sign our policy as indicated below:

**ALL PATIENTS WHO FAIL TO ARRIVE FOR THEIR SCHEDULED APPOINTMENTS OR DO NOT GIVE 24 HOURS ADVANCE NOTICE WILL BE CHARGED A MISSED APPOINTMENT FEE.**

◆ **This missed appointment fee is NOT covered by insurance plans and is your responsibility to pay.**

◆ **If you need to cancel or reschedule an appointment, please give us at least 24 hours notice in advance to avoid a charge.**

◆ **If you fail to arrive for your appointment and have not notified us 24 hours in advance, you will be charged for a missed appointment.**

◆ **The fees are as follows:**

**\$25 charge for routine office appointments**

**\$100 charge for surgery appointments**

Thank you for your assistance in complying with our policy.

I have read and understand this policy.

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Signature Patient/Parent/Guardian

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Date

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Please print patient name