



### **Cancellation/ No Show Policy**

The policy of this office is to encourage patients to give us notice of cancellation of any appointment within at least 24 hrs before the morning of the scheduled appointment. Likewise, we require patients to arrive punctually for their scheduled appointment to avoid any unnecessary delays or inconveniencing of other patients.

Our goal is to maintain a relationship of mutual respect among patients and staff alike.

It is further understood that if any patient fails to appear or otherwise cancel an appointment without this advance notification to the office, the following fee(s) will be applied to your account with **reasonable** consideration of circumstances, including unforeseen emergencies.

**Telemed** (Consult over the phone) - \$25.00

**1<sup>st</sup> cancellation** – Free

**2<sup>nd</sup> cancellation** – \$50.00

The signature of the patient below acknowledges the understanding of the above.

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Print name

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Patient Signature