

Cancellation & No Show Policy

As our goal is to meet the needs of our patients, we will make every effort to schedule your appointments as efficiently as possible. In return, it is your responsibility to make every effort to keep your scheduled appointments and to arrive promptly at the time instructed.

However, we realize that unanticipated events can occur and may prevent you from keeping your appointment. In fairness and consideration to the other patients that need to be seen as soon as possible, we hereby request that you notify our office immediately when you realize you will not be keeping your appointment.

If you need to cancel or reschedule your appointment, you must do so at least 24 hours before your scheduled office appointment and 48 hours before your scheduled procedure to avoid paying a \$50.00 fee. This fee is not covered by your medical insurance or Worker's Compensation benefits. In an effort to see patients promptly at the scheduled time, therefore, this notification of 24 or 48 hours is necessary so that we may schedule other patients needing immediate appointments.

The cancellation/rescheduling fee must be paid on or before your next scheduled appointment. Thank you for your attention to this matter.

Worker's Compensation patients, please note that we will need to notify your adjustor and/or Nurse Case Manager in the event that you cancel within 48 hours of your scheduled procedure.

I hereby acknowledge that I have read and understand the above cancellation and no show policy and that I agree to abide by these guidelines.

Patient Signature* _____

Date* _____