Appointment Cancellation & No-Show Policy Acknowledgment

At our practice, we reserve dedicated appointment times specifically for each patient. Missed appointments and late cancellations limit our ability to provide care to other patients who may be waiting for treatment.

To help us maintain an efficient schedule and provide the best possible care to all patients, we kindly ask that you provide adequate notice if you need to cancel or reschedule your appointment.

Cancellation Policy

Patients are required to provide at least **24 hours' notice** to cancel or reschedule a scheduled appointment.

Appointments canceled with less than 24 hours' notice, as well as missed appointments ("no-shows"), may be subject to a:

$150 Cancellation / No-Show Fee

This fee may be charged to the patient account and is the patient's responsibility. We understand that emergencies and unavoidable situations may occasionally arise. The practice reserves the right to waive the fee at its discretion in certain circumstances.

Acknowledgment

By signing below, I acknowledge that:

- I have read and understand the Appointment Cancellation & No-Show Policy.
- I understand that I may be charged a $150 fee if I cancel my appointment within 24 hours of the scheduled appointment time or fail to attend my appointment.
- I agree to comply with this policy.

Patient Name (Print): _____

Signature: _____

Date: _____