

APPOINTMENT SCHEDULING/ CANCELLATION POLICY

A 48 hour notice is required for cancellations

Failure to show up for a scheduled appointment with no call is subject to a charge of \$50.00
Cancellation of an appointment less than 24 hours (with the exception of illness or an emergency) will
be subject to a charge of \$25.00

In the case of excessive failure to show or last minute cancellations, we may require a deposit in order
to schedule another appointment. We also reserve the right to dismiss a patient who incurs and
excessive amount of failed or cancelled appointments from our care.

MINOR PATIENTS

In the event a parent/guardian is unable to accompany a child under the age of 18, we ask that the
parent/guardian provide the adult accompanying the minor with written authorization for the consent
of treatment.

AUTHORIZATION AND RELEASE

I (We) have read and understand the policies set out above. Specifically, I(We) understand that I(we)
am/are responsible for any and all charges not paid by insurance. Should it become necessary to turn
my account over to a collection agency or attorney, I(We) understand that I(We) will also be responsible
for any collection costs. I(We) understand that this authorization shall apply to all services provided to
me , my dependents, or any other person for which I have received responsibility by signing below from
this date forward unless it is revoked in writing. Thank you for understanding our office policies. Please
let us know if you have any questions or concerns.

Signature of Patient or Responsible Party

Date