



## **APPOINTMENT POLICY**

Our office appointment policy is to be given a 24-hours in advance notice for any appointment change or you will be charged for a broken appointment. **There will be a No Show or Late Cancellation fee of \$50.00 if you fail to notify the office 24-hours in advance.**

If your appointment is scheduled on Monday, we must call or notify the office by the Friday before 3:00p.m. that your appointment needs to be rescheduled or canceled.

Please understand your doctor has allotted time for your appointment and without notice given, your doctor will not be able to pass this appointment slot to another patient in need.

As a courtesy, our computer system is scheduled to call for reminders. However, should the system fail, it is your responsibility to remember your scheduled appointment.

If you are a New Patient, please arrive 20 minutes prior to your appointment time. Any arrival more than 10 minutes late will be rescheduled, and this will be considered as a late cancellation.

Thank you for your cooperation.

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Patient/Responsible Party Signature

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Print Name

Date:\_\_\_\_\_