

## **No Show /Cancellation Policy Office Visit or Procedure**

To our patients:

In the event you do not cancel/reschedule or no-show for your office visit or procedure, the following no-show/cancellation fee will be assessed:

A \$25 fee will be assessed for “no showing” or failure to give 24-hour notice of the need to cancel/reschedule all office visit appointments. Advance notice allows other patients, who may be waiting to see the doctor, to use the available appointment time.

A \$100 fee will be assessed for “no showing” or for failure to give 48-hour notice of the need to cancel/reschedule procedures.

All no-show/cancellation charges will need to be paid before another procedure or appointment is scheduled.

These fees are non-refundable.

I have read and understand the no show/cancellation policy of the practice and agree to be bound by the terms as stated.

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Patient Signature

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Date