**Cancellation & No-Show Policy**

***The following is a new policy that has been placed to ensure the highest quality of care for our patients and the lowest possible procedural cost.***

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1. Cancellations/No-Show for Appointments

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly ‘full’ schedule. *If an appointment is not cancelled at least* ***48 hours*** *in advance you will be charged a* ***$25*** *fee; this will not be covered by your insurance company.*

1. Cancellation/No-Show for Large Cases

Due to the large block of time needed for large cases, last minute cancellations can cause problems and added expenses for the office. *If these appointments are not cancelled at least* ***10 days*** *in advance you will be charged a* ***$75*** *fee; this will not be covered by your insurance company.*

1. Multiple Offenses

After **three or more** consecutive cancellations and/or no-show appointments, our practice would consider your actions to be non-compliant, therefore, an **increase in fee** may occur (i.e. $50 per missed appointment rather than the original $25).

***\*\* These fees will be billed to the patient and must be paid prior to your next appointment. \*\****

1. Scheduled Appointments

We understand that delays can happen however we must try to keep the other patients and providers on time. *If a patient is* ***15 minutes*** *past their scheduled time we may have to reschedule the appointment.*

***By signing below, you acknowledge that you have received this notice and understand this policy …***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_***

 ***PRINT PATIENT NAME PATIENT [GUARDIAN] SIGNATURE DATE***

***PATIENT ACCT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(OFFICE USE ONLY)***