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## CANCELLATION AND NO-SHOW POLICY

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### **IT IS IMPORTANT THAT PATIENTS FOLLOW THEIR APPOINTMENT SCHEDULES.**

If for any reason you would **NOT** be able to make it to your appointment schedule, please inform us as soon as possible. By letting us know ahead of time, we will be able to re-allocate your schedule to another patient who may be in serious need of treatment. In the event we are not available to take your call, please leave us a voicemail message.

Please note that any appointment missed, cancelled, or re-scheduled with less than 24-hour notice will be charged a \$30.00 no-show/re-scheduling fee. This fee is not covered by your insurance and is to be paid by you prior to your next treatment session.

Three (3) missed appointments without prior notification to our office, or cancellations of appointments with less than 24-hour notice will be considered valid reason for discharge due to non-compliance. Documentation of missed visits will be included in your medical chart and will be forwarded to your physician and/or case managers.

I have read the above policy and agree to comply with it accordingly.

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Patient's Printed Name

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Patient's Signature

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Date