

## **Cancellation & No-Show Policy**

Because I am a small clinic and there is high demand for appointment times, it is necessary to enforce a strict cancellation and no-show policy.

For cancellations occurring 24 hrs prior to appointment time there is no cancellation fee.

Appointments on Monday must be cancelled Friday before 3 p.m.

For cancellations with less than 24 hour notice, or No-Show, there will be a \$90 fee to be paid at next appointment.

*Thank you for your cooperation and understanding.*

I acknowledge receipt of the Cancellation & No-Show Policy

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date