



NO SHOW and LATE SHOW POLICY

I understand that I am required to give at least 48 hours notice if I am unable to keep my appointment. I understand that if I do not comply with this requirement there will be a \$65.00 charge that has to be paid before I am able to reschedule the appointment. I am aware that my insurance company WILL NOT pay for a missed appointment fee and it is 100% my responsibility. If I am late enough for my appointment that it has to be rescheduled, I understand that the same fee applies. The second time no show will result in dismissal from the practice.

Patient name

Responsible Party Print Name

Responsible Party Signature

Witness

Date
