



## 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

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Responsible Party Print Name

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Responsible Party Signature

Date

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Witness

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