



## Cancelation/No Show Policy for Office Appointments and Surgery Appointments

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

1. Cancellation/No Show for Office Appointment:

If an appointment is not canceled at least 24 hours in advance you will be charged a one hundred dollar (\$100) fee; this will not be billed to, or covered by, your insurance company.

2. Scheduled Appointments:

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

3. Cancellation/No Show Policy for Surgery:

If surgery is not canceled at least 7 days in advance you will be charged a three hundred fifty dollar (\$350) fee; this will not be billed to, or covered by, your insurance company.

I, \_\_\_\_\_, have read and understand the  
Cancelation/No Show Policy for Office Appointments and Surgery Appointments.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature