

## **Cancellation / No Show Policies**

### **Cancellation / No Show Policy for Doctor Appointment**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much-needed treatment. Conversely, the situation may arise where another patient fails to cancel, and we are unable to schedule you for a visit, due to a seemingly “full” appointment schedule.

If an appointment is not canceled at least 24 hours in advance you will be charged a Seventy-Five dollar (\$75) fee; your insurance will not cover this.

### **Cancellation / No Show Policy for Surgery**

Cancellation of surgery is sometimes unavoidable due to medical problems or significant conflicts which cannot be avoided. These cancellations, however, can result in unused operative time. Potentially productive time by the physician goes unused despite the tremendous amount of work required in preparation for that particular operation. Other patients who could have benefited from that operative time cannot do so unless the operative time is made available soon enough.

If surgery is not canceled at least seven days in advance you will be charged a Five-Hundred Dollar (\$500) fee; your insurance will not cover this.

### **Cancellation / No Show Policy for In-Office Surgical Procedures**

If an in-office surgical procedure is not canceled with at least 24 hours in advance will be charged a Two-Hundred Dollar (\$200) fee; your insurance will not cover this.

### **Cancellation / No Show Policy for Nutritional Appointment**

If a nutritional appointment is not canceled within 24 hours you will be charged a One-Hundred Dollar (\$100) fee 1-hour appointments and for follow up care, scheduled for 1/2 hour you will be charged a Fifty-Dollars (\$50) fee; your insurance will not cover these.

### **Cancellation / No Show Policy for In-Office Testing**

If an in-office testing appointment is not canceled within 24 hours you will be charged a One-Hundred-and-Fifty Dollar (\$150) fee; your insurance will not cover this.

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**Print Name**

\_\_\_\_\_  
**Patient/Guardian Signature**

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**Date**