

CANCELLATION POLICY



Dear Valued Patient,

Cancellations and no show appointments drive up cost and overhead, which hurts your pocketbook. In order for us to keep our fees down, we are implementing a cancellation policy.

We ask that you give us notice of **at least two (2) business days (Monday through Thursday)** when needing to change or cancel your appointment. **We reserve the right to charge a \$30 per hour fee for short notice cancellations and no show appointments.**

By signing below, you understand that a \$30 per hour fee will be charged for a short notice cancellation or no show appointment. Payment for the cancellation fee will be expected prior to rescheduling your next appointment.

Patient Name _____

Date _____

Signature _____

Witness _____