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No Show Policy

We strive to provide the best service possible to our patients. When someone doesn't show up for an appointment it provides a major inconvenience not only to our providers and staff, but also harms other patients who may be waiting for cancellations to get an earlier appointment. **Please** be respectful and always call at least 24 hours before your appointment if you need to reschedule. By signing the authorization below, you indicate understanding that **should you no-show a new patient appointment you may be prevented from scheduling AT ALL in the future.** Established patients may be charged up to \$50 for no-showing follow-up visits. Cancellations made less than 24 hours in advance, should an emergency situation occur, are subject to provider review for reason to determine whether a fee will be charged.

Patient Name (Printed): _____ Date: _____

Patient/Parent/Guardian signature: _____