** CANCELLATION AND NO SHOW POLICY**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than a **24 hour** notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than a **24 hour** notice, we are unable to offer that slot to other people.

Office appointments which are cancelled with less than **24 hours** notification may be subject to a $**50.00** cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered as **NO SHOW**. Patients who No-Show **THREE** (3) or more times in a **12** month period, will be dismissed from the practice thus they will be denied any future appointments. Patients may also be subject to **a $50.00** fee foreach office appointment **NO SHOW.** The Cancellation and No Show fees are the **sole responsibility of the patient** and must be paid in **FULL** before the patient’s next appointment.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department (321-622-5432)

**Please sign that you have read, understand, and agree to this Cancellation and No Show Policy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_**

**Patient Name (Please Print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Patient or Patient Representative Date**

**Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rev 11/08/2022**