

## Contact Information Update

**Name (Owner):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ / **Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Cancellation Policy / No Show Policy: For Appointments and Surgery**

#### **1. Cancellation/No Show Policy for Appointments**

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 client fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" schedule. If an appointment is not cancelled at least 24 hours in advance you will be sent a letter or receive a call alerting you to the fact that you missed your scheduled appointment. If there is a second no show, you will be charged a thirty dollar (\$30) fee. This fee is intended to cover the administrative work already performed for your appointment. A bill will be mailed to you.

#### **2. Scheduled Appointments**

We understand that delays can happen however we must try to keep the other patients and doctors 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**

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. If surgery is not cancelled at least 2 days in advance, you will be charged a seventy five dollar (\$75) fee.

#### **4. Account Balances**

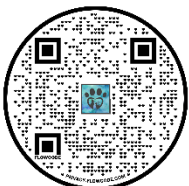
We require that clients pay their account balances to zero (0) prior to receiving further services by our practice. Clients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak with to a business office representative with who they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

**\* Name:** \_\_\_\_\_ **\* Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By Signing I Understand and Acknowledge the Above Policies.**



review us on  
**yelp**

