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NO-SHOW AND PAYMENT COLLECTION OFFICE POLICY

Dear Valued Patient;

Please be advised that we require no less than 24 hours notice whenever an appointment is cancelled. Patients are billed for NO-SHOW appointments. The current NO-SHOW fee is \$50.

Insurance companies are not responsible for NO-SHOW bills. In the event that you realize you won't be able to keep an appointment during the weekend, you should leave a message cancelling your appointment with our service. Be sure to not the name of the service operator. Again, 24 hours notice is required for cancellations. If you cancel an appointment with our office staff, you should note their name as well.

All payments and co-payments are due at time of service to avoid a \$5.00 surcharge fee.

We thank you in advance for your cooperation.

This form must be signed before you see your physician.

Please Print Name

Date

Signature

Date

Witness

Date