

## No Show/ Late Arrival Policy

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your appointment time is reserved for you.

If you find it is necessary to reschedule an appointment, a minimum of **48 hours** notice is required. This will allow us to make that time available for another patient that is in need. For appointments that are cancelled or missed with less than the minimum notice, or late arrival, a fee could be assessed to the account of **\$50.00-\$150.00/hr** depending on the type of service and length of the appointment. An appointment is considered late if a patient arrives more than **15 minutes** after the scheduled visit time. We understand that Emergencies do arise, and the fee may be waived (ie; Sudden illness or injuries).

*Insurance will not reimburse for cancellation fees and therefore will not be billed.* This will be solely the patient's responsibility to pay and may result in cancellation of future appointments or cash deposit to hold future appointments for the patient.

I have read the above no show and late arrival policy and understand that I am fully responsible for any changes regarding my appointment. I agree that if it becomes necessary I will be billed a cancellation fee and may have to provide a deposit to hold an appointment opening on my behalf.

Signature of Patient, Parent, or Gaurdian \_\_\_\_\_