



## Cancellation Policy

Please provide a minimum of 24 hours notice if you need to cancel or reschedule your appointment so that we may offer that appointment to another patient in need.

**Failure to provide adequate notice will result in a fee equivalent to your office visit.** This will be billable to you, not your insurance, and is to be paid at your next appointment. This policy will take effect on June 1<sup>st</sup> 2014.

We appreciate your punctuality and commitment to your recovery.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_