

NO SHOW POLICY

There is a missed appointment fee of **\$25**, for all appointment that are not canceled or rescheduled prior to the scheduled appointment time. This fee is not billable to your insurance company and will be your own responsibility.

Our time is as valuable as yours and we are aware things happen that can interfere with your appointments.

All we ask is that you please notify us as soon as possible prior to your scheduled time.

Thank you for your consideration.

I, _____ have read the above policy and understand:

Signature

Date