

Reschedule Request and No Show Policy

Our goal has always been to provide timely care to all our patients for their healthcare needs. Lately, we have seen higher instances of no-shows and last minute reschedules in our office. This results in major disruption to our schedule and has prevented us from providing timely care to other patients in the practice, who needs to be seen sooner.

Missed appointments

We understand emergencies do occur and personal schedules may change. However, we request all patients in our practice or their family members to make an effort to call our office 2 working days prior to the scheduled appointment in order to make the rescheduling process smoother and less cumbersome.

Please note that missed appointment or late reschedules may incur a fee of \$50.00. Frequent reschedules and no shows will result in discharge from our practice.

I, _____ have read and understand the above-stated policy.

Patient
Name: _____ Dated: _____

WE APPRECIATE YOUR COOPERATION IN THIS REGARD