



Missed or Late Appointments

____ Your first appointment is generally the longest and the
initial subsequent appointments are contingent on our
attendance at the first appointment. If you miss the first
appointment, the following appointments will be cancelled
and all the appointment will be rescheduled.

____ Please make note of your future appointment times. If you
initial are **ten (10) minutes** late for your appointment, it may be
necessary to **reschedule** according to availability. Thank
you in advance for your cooperation and your promptness.

Cancellation Policy

____ If you fail to keep your scheduled appointment, or do not
initial cancel within 24 hours of your appointment time, you will
be charged a **\$25.00 fee** that will be due at your *next*
scheduled appointment. This will NOT be billed to your
insurance and will be YOUR financial responsibility.

I have read and understand the above comments.

X _____ X _____
Patient Date