



## **APPOINTMENT POLICY**

*PLEASE READ BELOW FOR DETAILED INFORMATION ON OUR PRACTICE'S FINANCIAL POLICY*

### **CANCELLATIONS**

We realize that your time is valuable, and in order to minimize waiting, we reserve appointment times especially for you. We ask that you show us the same courtesy. If you are unable to keep your appointment, please notify the office at least **48 hours** prior to your appointment. We reserve the right to charge you a cancellation fee if you give less than **24 hours** notice or no show your appointment. This is to compensate for lost time and money.

**PLEASE NOTE, WE DO NOT ACCEPT CANCELLATIONS AFTER BUSINESS HOURS.**

### **DEPOSITS**

To reserve future treatment appointments with our office, we require a deposit and ask that you leave a credit card on file. **48 hour** notice will be required to cancel or reschedule. We reserve the right to keep all or part of your deposit if less than **24 hours** is given. This is to compensate for lost time and money. In the event you don't call or you no-show for your appointment, your entire deposit will be lost. If you reschedule with proper notice, your deposit may be applied to another appointment.

**PLEASE NOTE, WE DO NOT ACCEPT CANCELLATIONS AFTER BUSINESS HOURS.**

### **LATE ARRIVAL**

If you know that you will be arriving to your appointment late, we ask that you call the office and let us know. If you will be more than 10 minutes late, we will need to reschedule your appointment. This is to respect the time for the next patient and office.

### **CONSENT**

I certify that I have read, understood and agree to the terms. I understand I am able to request a copy of this financial policy at any time.

**Patient Name** \_\_\_\_\_ **Name on Card** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_ **EXP** \_\_\_\_\_ **CV** \_\_\_\_\_

**Patient Signature** *(or guardian)* \_\_\_\_\_ **Date** \_\_\_\_\_