

## NO-SHOW Policy

- In order to be respectful of the medical needs of our patients, please notify us if you are unable to attend your appointment.
- This opens up availability to those who need to be seen and helps us decrease your waiting times for scheduled appointments.
- Please give us at least 24 hours advanced notice. \_\_\_\_\_ **Initial**

### How to cancel/reschedule your appointment

To cancel/reschedule your appointment please call the office and leave a detailed message

- 954-772-3960
- 954-467-2013

If you do not give **24-Hour** notice to cancel or reschedule your appointment, this is considered a **NO-SHOW** and you **will be billed**.

- 50.00 dollars for a visit
- 75.00 dollars for a procedure \_\_\_\_\_ **Initial**

**You will not be allowed to make another appointment until the no-show fee is paid in full.** \_\_\_\_\_ **Initial**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_