

**CANCELLATION POLICY**

In order to provide EVERY patient with the most optimal treatment schedule, we have a formal “same day” cancellation and “no show” policy. **A \$10 charge will be billed for same day cancellations and a \$25 charge will be billed for failure to show up for a scheduled appointment without prior notice.**

We request that anyone wishing to cancel a scheduled appointment do so before 5pm the day prior to the appointment. Cancellations made after 5pm on the day prior to treatment will necessitate a \$10 fee. Failure to show up to an appointment without ANY prior notice will necessitate a \$25 fee.

X

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Patient Signature

Date

**PRESCRIPTION REFILL POLICY**

Due to the increase in number, complexity, and time required to write, call, or fax prescriptions or prior authorizations to pharmacies or prescription service companies it has become necessary for us to charge for these services.

In addition a charge will be assessed for replacement of lost or misplaced lab slips, referrals, diagnostic slips, and prescriptions.

We reserve the right to charge for all forms completed for prior authorization, medical supplies, and insurance inquiries. An additional charge will be assessed to fax these requests.

A copy of the above mention fees are available upon request.

X

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Patient Signature

Date

*Please note that these policies will affect ALL patients. These fees are not billable to insurance. **Our staff is not at liberty to exempt anyone from a billed fee.***

We feel these policies are necessary in order to best serve all patients scheduling needs as well as our productivity and time management demands. Thank you for your understanding and cooperation.