

Financial Policy

A **No-Show Fee of \$25.00** will be charged to the patients account for the first no-show appointment, after that other no-show visits will be charged for the full amount of the visit to the patients' account. **Emergency No-Show Fee will be \$100.00.** Patients are responsible for these fees and they must be paid in full to be seen in the future.

Please give our office a 24-hour notice if you will not be able to make it to any of your appointments. This will help us schedule other potential patients in your place and help you avoid a fee. Thank you.

Patient or Personal Representative

Signature: _____ Date: ___/___/___