



310 E. Hoskins, New Boston, TX 75570 P(903)628-7877 F(903)628-7876

## **CANCELLATION AND NO SHOW POLICY**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide a 24 hour notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hours, we may be unable to offer that slot to other people.

Office appointments which are cancelled with less than a 24 hour notification may be subject to a \$25.00 cancellation fee. Procedure cancellations also require a 24 hour advance notice, and without proper notification you may be subject to a \$50.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as a NO SHOW. Patients who NO SHOW three (3) times in a 12 month period, will be dismissed from the practice and will be denied any future appointments. Patients may also be subject to a \$50.00 office appointment and procedure NO SHOW fee.

The Cancellation and NO SHOW fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that special unavoidable circumstances may cause you to cancel with less than 24 hour notice. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that good physician-patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department (903)628-7877.

Please sign that you have read and understand this Cancellation and NO SHOW Policy.

\_\_\_\_\_  
Patient Name (Please Print) Date of birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Patient Representative Date \_\_\_\_\_