

## **NO SHOW & CANCELLATION POLICY**

Patients who are not able to keep their appointments are asked to provide timely notice of cancellation prior to their appointment time. Patients who fail to give timely notice of cancellations or reschedules multiple times will be charged a fee described below.

NO SHOWS: A "no show" is defined as a scheduled appointment that a patient does not keep without giving appropriate 24-hour notice to the clinic.

Patient Signature

A "no show" f	ee will be charged to the pa	tient's account as follows:	
Appoir  • •	ntments: First Occurrence: Second Occurrence: Third Occurrence:	A \$25 fee will be charged A \$25 fee will be charged Dismissed from clinic	
_	ery Procedures: First Occurrence:	A \$50 fee will be charged	
•	Second Occurrence: Third Occurrence	A \$100 fee will be charged Dismissed from clinic	
than 48 hours	prior to the scheduled appog appropriate 48-hour notice	intment time. Any of these appo	ust be cancelled or rescheduled no less ointments that a patient has rescheduled ment will be treated as a "no show" and
Patients who fail to pay these fees will not be allowed to schedule future appointments until the fee is paid. If reoccurrence continues, The Woman's Clinic, P.A. may be forced to dismiss patient from care.			
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Datient Name			
Patient Name			Date