



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 more than 24 hours notice. This will enable for another patient who is waiting for an appointment to be scheduled in the appointment slot. With cancellations made less than 24 hours notice, we are unable to offer that slot to another patient.

Office appointments which are cancelled with less than 24 hours notification may be subject to a **\$25.00 cancellation fee.**

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered as **NO SHOW**. Patients who Cancel/No-Show three (3) or more times in a 12 month period, may be dismissed from the practice thus they will be denied any future appointments.

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 circumstance may cause you to cancel within 24 hours. 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 office manager (817-912-9050).

Please sign that you have read, understand, and agree to this Cancellation and No Show Policy.

Patient Name (Please Print)

Patient Signature

Date