



Patient Policy for Missed Appointments

If you know that you will be unable to keep your appointment, please notify us within 24 hours of your scheduled appointment so that we may accommodate other patients that may require our services. This will assist us in meeting the medical needs of the community that may require immediate attention.

You will be charged a \$50 .00 fee for missed new patient and follow-up appointments when you do not provide a 24-hour notice.

We appreciate your business and look forward to serving you and your medical needs in the future.

Patient Signature: _____ Date ____/____/____

Patient Name (PRINT): _____