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No Show and Cancellation Policy 03/01/25

- I understand that I will be charged a LATE CANCELLATION fee of \$50 if I fail to give 24 hours' notice prior to cancelling my appointment.
- I understand I will be charged a \$50 NO SHOW fee if I fail to show for my scheduled appointment.
- I understand when surgery is scheduled a lot of time and preparation is invested in insuring that all the medical equipment, staff, and surgical representatives are available for the procedure to be done. Because of this complexity, if I am scheduled for surgery and choose to cancel the surgery without proper and timely notice of less than 10 business days prior to my procedure, or NO SHOW the day of surgery, there is a \$200 fee.
- I understand that these above charges are an out-of-pocket expense and that my insurance carrier will not cover these charges.

I have read, understand and agree with the above:

Patient Name: _____

Patient Signature (or parent if minor) _____

Date: _____ Date of Birth: _____