



## Cancellation and No Show Policy

We understand that situations arise in which you must cancel your appointment. We request timely notification to our practice to enable another patient, waiting for an appointment, to be scheduled. Our goal is to provide the highest quality of care and service to you and other patients.

Please review our policy below:

**Scheduled Procedures**

**48 hours** notice is required to be timely

**\$100 fee** for a “No-Show” or Cancellation without timely notice

**Office Appointment**

**24 hours** notice is required to be timely

**\$25 fee** for a “No-Show” or Cancellation without timely notice

Definition of a “No Show”: An appointment for which the patient does not attend and has not provided a call to cancel the office appointment or procedure appointment.

Patients who incur a “No Show” or untimely Cancellation three (3) or more times in a 12 month period, will be dismissed.

Insurance does not cover this fee and payment is due at or before the next visit.

Patients are responsible for rescheduling the office appointment or procedure.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived with management approval. Please ensure to reschedule your appointment.

Questions about cancellation and no show fees should be directed to the Billing Department (615-323-9158). Please sign that you have read, understand and agree to this Cancellation and No Show Policy

Patient Name (Please Print) \_\_\_\_\_

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

Date of birth \_\_\_\_\_