

## CANCELLATION POLICY

Dear Patient,

Cancellation of an appointment if sometimes necessary, but your consideration is always greatly appreciated. Our policy is that cancellations must occur 24 hours before the scheduled appointment or you will be billed \$50.00 as a failed appointment fee.

We do recognize emergencies which include medical emergencies, death of a loved one or family hardship. While we will always be respectful of your time, we do expect you to be respectful of ours.

Repeated violations of this policy could result in the transfer or termination of your case.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature