



Missed Appointment Agreement

We respectfully ask that you provide us with a 24-hour notice of any cancellation request. Please understand that when you cancel or miss your appointment without providing 24- hour notice we are often unable to fill that appointment time. This is an inconvenience to your doctor and other patients miss the chance to receive service they need. For this reason, you will be responsible for a fee of \$30.00 for any missed appointments without proper notice. The bill will be mailed to you. Cancellation within 24-hours due to emergency, illness, or bad weather will not result in any fee's.

Print Name

Date

Sign Name