CANCELLATION POLICY

Appointment acknowledgment

Your appointment matters.

Please cancel or reschedule at least 24 hours before your appointment. Contact the office by its confirmed phone, text or email channel.

LATE CANCELLATION & NO-SHOW FEES

First late cancellation or no-show	**Courtesy warning · $0**
Additional late cancellation (<24 hours)	**$25**
Additional missed appointment without notice	**$35**

Emergencies may be considered individually. These fees are the patient's responsibility and are generally not billable to insurance.

PATIENT ACKNOWLEDGMENT

I understand the 24-hour notice requirement, the first-occurrence courtesy warning, and the fees for later missed appointments.

Patient name: _____

Patient / guardian signature: _____

Date: _____

Guardian relationship (if applicable): _____