

Cancellation and Payment Agreement

Please read the following agreement carefully and sign below to confirm your appointment. This explains your financial obligations while under my care and my policies regarding cancellations.

- Payment is always due at the time of service.
- Forms of payment include:
Cash Check* Master Card/Visa
**A fee of \$35 will be charged for each check returned for non-sufficient funds*

The following cancellation/rescheduling policy has been established. When you schedule an appointment, that large block of time is reserved for you. New patients will be asked for a credit card at time of scheduling to reserve your appointment. Credit cards will not be charged until the actual time of your appointment or when alternate payment arrangements are made.

- A minimum of 48 business hours' notice is required to cancel a booked appointment. Certain exceptions do apply (i.e. snowstorm, power failure, traffic accident, family emergency, etc.).
- Less than 48 hours' notice will result in full charge for a missed appointment.
- In the event of a no-show or lack of cancellation of an appointment, there is a full charge for the length of missed appointment.

By signing this cancellation and payment policy, you are indicating that you understand and agree to the terms of service explained above.

Name of Patient or Legal Guardian: _____

Signature: _____ Date: _____