



CANCELLATION AND MISSED APPOINTMENT POLICY

We want to thank you for choosing us as your health care provider. In order to give you and all our patients, the best possible care, we request that you review our policy regarding missed and/or cancelled appointments. **A missed appointment is when you fail to show up for an allotted appointment time, without a phone call or cancellation notice of at least 24-hours.** Please remember that we have reserved appointment times especially for you. Therefore, we request at least a 24 hour notice in order to reschedule your appointment. This will enable us to offer your cancelled time to other patients that desire to get their treatment completed.

It is our office policy to reserve all appointment times with an active credit card. Our office will confirm your appointment two evenings in advance with a call from our automated appointment reminder system. If you are unable to keep your scheduled appointment time, please call our office at least 24-hours in advance in order to avoid a missed appointment charge to your credit card. This charge is not covered by insurance. Your phone call is critical in helping us provide continuous care to all of our valued patients. If you fail to give us notice of your cancellation, the following policy will be applied:

SKIN CONSULT / FIRST COSMETIC APPOINTMENT

- Missed Appointment: *Your credit card will be charged a missed appointment fee of \$25. We will call and offer to reschedule your appointment.*

VEIN CONSULT OR SCLEROTHERAPY

- Missed Appointment: *Your credit card will be charged a missed appointment fee of \$25. We will call and offer to reschedule your appointment.*

SCHEDULED SURGERY

- Missed Appointment: We will call and offer to reschedule your surgery. *Your credit card **will** be charged a missed appointment fee of \$100.*

ULTRASOUND APPOINTMENT

- Missed Appointment: We will call and offer to reschedule your appointment. *Your credit card **will** be charged a missed appointment fee of \$25 if we are unable to fill the time slot.*

Patient Signature: _____

Date: _____