

## PATIENT CANCELLATION/NO-SHOW POLICY ACKNOWLEDGEMENT

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I understand that Spine, Orthopedics and Rehabilitation has a cancellation/no-show policy, and that I will be charged for any appointment I cancel or miss with less than 24 hours notice. Cancellations are reserved for emergencies only, and require a minimum of a 24 hour notice. All cancellations are to be rescheduled to ensure continuity of care. Any arrival 15 minutes or more after the scheduled start time of your appointment will be considered a cancellation/no-show.

I understand that the Spine, Orthopedics and Rehabilitation does not overbook patients, my appointment time is set aside specifically for me. Thus the Spine, Orthopedics and Rehabilitation reserves the right to charge a fee of \$50.00 for each scheduled appointment that is cancelled with less than 24 hours notice, as well as for no-shows. I also understand that I may be discharged from the care of Spine, Orthopedics and Rehabilitation if I cancel with less than 24 hours notice, or no-show, more than 3 times within any 6 month period.

I also understand that I will not be seen until any outstanding cancellation/no-show fees have been paid in full and that any self-pay fees are non-refundable.

By signing below, I understand and agree to the above policy.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_