



Patient's Name: _____

Date of Birth: _____

Chart #: _____

CANCELLATION AND NO-SHOW POLICY

Our goal is to provide quality health care to all our patients in a timely manner. No-shows, late arrivals, and cancellations inconvenience not only our providers, but our other patients as well. Please be aware of our policy regarding missing appointments.

Appointment Cancellation

If cancellation is necessary, we require that you call at least **24 hours in advance**.

How to Cancel Your Appointment

If you need to cancel your appointment, please call us at (919) 762-5113 during regular business hours. If necessary, you may leave a detailed voicemail message. You can also cancel your appointment from the patient portal.

Late Cancellations/No-Shows

A cancellation is considered late when the appointment is cancelled **less than 24 hours** before the appointed time. A no-show is when a patient misses an appointment without cancelling. In either case, we will charge the patient a **\$50 missed appointment fee**.

Four (4) no-shows / late cancellations withing one (1) year time span are considered excessive and will result in being dismissed from the practice.

By signing below, I indicate that I have read and understand this form. All my questions and concerns were solved at the time of the visit.

Parent/Legal Guardian Signature _____ Printed Name _____ Date _____