

**"NO-SHOW" OR LATE CANCELLATION POLICY**

I understand that my appointment times are reserved for me and that I must provide a minimum of 24-hours advance notice of cancellation of any appointment.

Failure to do so will result in a charge of \$200.00 (or the maximum allowed by my insurance company; usually, the rate of reimbursement by the provider) for that appointment time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship (if other)