

**CANCELLATION AND NO SHOW**  
**POLICY**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide at least 24 hours' notice. This will enable us to accommodate another patient who is waiting for an appointment.

Patients who do not show up for a scheduled appointment, and who have not contacted our office at least the day before the appointment will be considered a **No Show**.

- Appointments which are not cancelled within 24 hours will be charged a \$25.00 fee. Procedure cancellations require 2 days' notice; Without notification they may be subject to a \$200 cancellation fee, or the retention of the deposit.
- This fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- Patients who No-Show two (2) or more times in a 12 month period may be dismissed from the practice, thus they will be denied future appointments.

We do realize circumstances can change at the last minute. If you were unable to make a scheduled appointment due to extenuating circumstances, please contact our Practice Administrator at 985-892-3376 who may be able to waive the No Show fee.

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**Patient Name (Please Print)**

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**Date of birth**

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**Signature of Patient or Patient Representative**

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**Date**