

LATE CANCELLATION, LATE RESCHEDULING AND NO-SHOW POLICY

We understand that situations arise when you must cancel or reschedule your appointment. It is therefore requested that if you must change your appointment, you provide more than 24 hours' notice. This will enable another person who is waiting for an appointment to be seen. If you cancel or reschedule your appointment with less than 24 hours' notice, we are unable to offer that appointment time to another patient.

Office appointments which are canceled or rescheduled with less than 24 hours' notice may be subject to a **\$30.00 cancellation fee.**

Patients who do not show up for their appointment will be considered a **NO SHOW** and may be subject to a **\$30.00 no show fee.**

The late cancellation, late rescheduling and no-show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Our practice firmly believes that a good physician-patient relationship is based upon understanding and good communication. Questions about late cancellation, late rescheduling and no-show fees should be directed to the Billing Department at (321) 726-1623.

Please sign that you have read, understand and agree with this policy.

Patient Name (Please Print)

Date of Birth

Signature of the patient or patient representative

1800 Sarno Rd Ste 6 Melbourne, FL 32935. Phone (321) 384-3200. Fax (321) 321 610-7929