

{Insert Organization Name}

Appointment Cancellation Policy

Failure to keep your scheduled appointments hinders our ability to provide the best care to you. In order to restrict missed appointments, we have implemented an Appointment Cancellation Policy. We ask that in the event you need to cancel your appointment, you call at least 24 hours prior to an office visit, and 72 hours prior to surgery. This will allow us the opportunity to offer that appointment to another patient. Late cancellations due to illness or family emergency are excluded from this policy.

To cancel an appointment, please call: (###) ###-####

Repeated late cancellations and missed appointments are disruptive to the optimal delivery of care to you and our other patients. As a result, 3 late cancellations or missed appointments may result in the discontinuation of your care at {insert organization}. In the event that you are discharged from care, your referring provider or case manager will be notified of the reason for discharge from our practice.

Fees:

At {insert organization}, failure to give 24 or 72 hours notice prior to cancellation will result in an "Appointment Cancellation Fee". This fee **cannot** be billed to your insurance company and will be your direct responsibility.

The Cancellation Appointment Fees are as follows:

- **Office Visit Appointment-** \$25
- **Surgery Appointment-** \$100

I understand {insert organization} appointment cancellation policy and understand my responsibility to plan appointments accordingly. I also agree to notify {insert organizations} appropriately if I have difficulty fulfilling my scheduled appointments.

Patient Name (Print)

Date

Patient Signature

Date