

CANCELLATION AND NO-SHOW POLICY

We understand that situations arise in which you may need to cancel your appointment. We require at least 24 hour notice. This will allow another person who is waiting for an appointment to be scheduled in the cancelled slot. Gorge Family Naturopath will apply a \$25.00 cancellation fee if notice is given in less than 24 hours.

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered a NO-SHOW. Patients who NO-SHOW two (2) or more times in a 12-month period, may be dismissed from the practice and thus denied any future appointments. Patients will be subject to a \$25.00 fee for an office visit NO-SHOWs.

The Cancellation and NO-SHOW fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. We do not submit these fees to insurance.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived only with office management approval.

Gorge Family Naturopath firmly believes that a good physician and patient relationship is based upon understanding and good communication.

Please sign that you have read, understand and agree to this CANCELLATION AND NO-SHOW Policy.

_____ Date of birth ____ / ____ / ____

Patient Name (Please Print)

_____ Date ____ / ____ / ____

Signature of Patient or Patient Representative