



**No Show or  
Late Cancellation Charge**

It is the policy of this office to collect no show fees and late cancellation fees for office visits, DEXA scans and Ultrasound testing.

If a patient should no show for an appointment there will be a \$ 50.00 charge which will be the patient's responsibility.

If a patient fails to cancel 48 hours prior to their appointment time, so that we may schedule another patient, they will be responsible for a \$ 50.00 fee.

This fee will be billed to the patient and must be paid before another appointment or test can be scheduled.

I have read the above office policy and agree to pay the \$ 50.00 charge if I should no show for my appointments or if I should fail to cancel my appointments 48 hours prior to its scheduled time and date.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Date

\_\_\_\_\_

Witness to signature

\_\_\_\_\_

Date

\*\*\* The above information was conveyed by phone to the patient.

\_\_\_\_\_

Staff Member giving phone information

\_\_\_\_\_

Date given