



Cancellation Policy

Office Appointments:

If you must cancel or reschedule your appointment for any reason, please call as early as possible; preferably at least 48 hours in advance. This enables us to see patients with urgent needs more efficiently. Failure to notify us at least 24 hours in advance may result in a \$25.00 missed appointment fee. Missed appointments are subject to a prepayment charge prior to rescheduling and cannot be filed to insurance. Multiple missed appointments may result in the practice no longer being able to care for the patient.

Procedures:

If you must cancel or reschedule your procedure for any reason, please call as early as possible; at least **48 hours in advance**. Failure to notify us at least 48 hours in advance may result in a \$50.00 missed procedure fee. Missed procedures are subject to a prepayment charge prior to rescheduling and cannot be filed to insurance. Multiple missed procedures may result in the practice no longer being able to care for the patient.



Acknowledgement of Cancellation Policy:

I have read and understand the Office Appointment and Procedure Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, _____ (print name), have received a copy of Women's Health Institute) Cancellation Policy.

Printed Name of the Patient or Responsible Party Date

Signature of Patient or Responsible Party Date