

## CANCELLATION POLICY

**DEAR PATIENT:**

**PLEASE READ CAREFULLY BEFORE SIGNING. DESIGNATED APPOINTMENTS ARE VALUABLE TO OUR PATIENTS AS WELL AS TO OUR PROVIDERS. IT IS IMPORTANT THAT ALL OF OUR PATIENTS HONOR THEIR APPOINTMENT TIME. SHOULD YOU ARRIVE 20 MINUTES OR MORE LATE FOR YOUR APPOINTMENT YOU MIGHT BE REQUIRED TO RESCHEDULE YOUR APPOINTMENT.**

**OUR RELATIONSHIP WITH YOU IS BASED ON RENDERING THE BEST POSSIBLE CARE, AND A CLEAR UNDERSTANDING OF OUR CANCELLATION POLICY. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT WITH OUR DOCTORS, OR YOUR TESTING APPOINTMENT, PLEASE PROVIDE OUR OFFICE WITH A 24-HOUR NOTICE. BE ADVISED THAT IF YOU FAIL TO PROVIDE US WITH THE DESCRIBED CANCELLATION TIME, OR DO NOT SHOW FOR YOUR APPOINTMENT, THERE WILL BE A CANCELLATION FEE OF \$40.00 CHARGED TO YOUR ACCOUNT. FURTHERMORE, THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE COMPANY – YOU WILL BE FULLY RESPONSIBLE FOR THE STATED AMOUNT.**

**PLEASE FEEL FREE TO DISCUSS THIS POLICY WITH OUR STAFF.**

**BY SIGNING BELOW, I ACKNOWLEDGE THE CANCELLATION POLICY OF NEW HORIZON'S: WOMEN'S MEDICAL GROUP.**

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**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**