



## Patient Acknowledgment Form

### ***Missed Appointment Policy***

To ensure that we can provide timely care to all patients, our office has updated its missed appointment policy.

- A \$25.00 fee will be charged for the first missed appointment if it is not cancelled at least 24 hours prior to the scheduled appointment time.
- ***New patients may miss no more than two appointments. Exceeding this limit may result in dismissal from the practice.***
- This policy applies to all patients and is effective immediately.
- We appreciate your cooperation in helping us maintain an efficient schedule and provide care to those who need it.

### Patient Acknowledgment

I have read and understand the above policy regarding missed appointments. I agree to comply with this policy and accept responsibility for any applicable fees.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_