

Center for Functional and Integrative Medicine, Inc.

PATIENT ACKNOWLEDGMENT OF “NO-SHOW” POLICY

No Show Policy:

Failure to keep your appointment causes disruption in our schedule, as well as inconveniencing other patients. This plan has proven to give our patients better “doctor accessibility”. In addition, reminder calls are placed as a courtesy to our patients. It is the patient’s responsibility to keep their appointment, whether or not a call has been placed.

ALL NO SHOW “ROUTINE” APPOINTMENTS WILL RESULT IN A **\$35.00** CHARGE TO THE PATIENT.

ALL NO SHOW “PHYSICAL” APPOINTMENTS OR “SURGICAL” APPOINTMENTS WILL RESULT IN A **\$100.00** CHARGE TO THE PATIENT.

ALL ACUPUNCTURE NO SHOW APPOINTMENTS WILL RESULT IN A **\$50.00** CHARGE TO THE PATIENT.

ALL HOLISTIC NO SHOW APPOINTMENTS, SCHEDULED FOR 30 MINUTES, WILL RESULT IN A **\$125.00** CHARGE TO THE PATIENT.

ALL HOLISTIC NO SHOW APPOINTMENTS, SCHEDULED FOR 45 MINUTES, WILL RESULT IN A **\$150.00** CHARGE TO THE PATIENT.

ALL HOLISTIC NO SHOW APPOINTMENTS, SCHEDULED FOR 60 MINUTES, WILL RESULT IN A **\$175.00** CHARGE TO THE PATIENT.

ALL HOLISTIC NO SHOW APPOINTMENTS, SCHEDULED FOR 90 MINUTES, WILL RESULT IN A **\$250.00** CHARGE TO THE PATIENT.

The above charges for no show appointments will be billed directly to you, and is NOT the responsibility of your insurance carrier.

Cancellation Policy:

The providers are requiring a patient give a **24 hr.** notification of a cancelled routine appointment. A **48 hr.** notification is required for cancellation of a physical, surgical, or holistic appointment. This will help our staff accommodate patients needed to be seen on an urgent basis.

Thank you for your cooperation and understanding.

Patient’s Printed Name

Signature of Patient or Representative

Date