

## CANCELLATION POLICY/NO SHOW POLICY

### CLINIC APPOINTMENT CANCELLATION POLICY

Your appointment is reserved especially for you. Should you need to cancel or change the date of your appointment, we require at least 24 hours' notice as a courtesy to other patients seeking appointments. If you are a "no show" or cancel less than 24 hours in advance, you may be subject to a \$50.00 fee. Please contact our office between 9:00 AM - 5:00 PM at 503-581-1567 to reschedule or cancel an appointment.

We understand that delays can happen; however, in fairness to other patients, if you arrive more than 15 minutes after your scheduled appointment we may have to reschedule your appointment to another day.

### CANCELLATION/RESCHEDULING OF SURGERY

Please carefully consider your surgical date before scheduling. It is important that you have thoroughly checked your personal calendar to make sure that the scheduled date is ideal for you. The scheduling of your surgery is time consuming and very complex. When rescheduling has to occur, the scheduling process has to be repeated again and involves the time and efforts of many people. This process adds to the administrative costs of health care.

**Therefore, there will be a \$100.00 charge each time a surgery is cancelled or rescheduled. This fee will not be applied toward your surgery and will be added as a charge to your account. This fee is not billable to insurance.**

### NO-SHOW POLICY FOR SURGERY

**Patients who fail to check in for surgery or who provide less than 24 hours' notice of cancellation of a scheduled surgery will be charged a fee of \$250.00. This fee will not be applied toward any future surgery and will be added as a charge to your account. This fee is not billable to insurance.**

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*I have read and understand the above policy.*

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Patient (please print)

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Date of Birth

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Signature Patient/ Guardian

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Date