

NO SHOW/APPOINTMENT CANCELLATION POLICY

PLEASE READ CAREFULLY

Please provide our office with 24-hours notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hours notice to change a scheduled appointment are responsible for a \$50.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.

Dr. Comaratta is frequently booked for up to 4 weeks out. 24-hours notice allows us to place another patient in your cancelled appointment period to receive needed treatment.

Thank you for providing our office and our patients with this courtesy. Signing below indicates you understand and agree to the terms of the policy.

Signature of Patient/Guardian

Date