

## To Our Patients Regarding Cancellations and No-Shows

I would like to thank you in advance for choosing myself as your chiropractic health provider. In order to provide you and our other patients with the best spinal care possible, we request that you follow our guidelines regarding missed and/or cancelled appointments. We take this subject seriously because it can make a difference between responding to treatment or not. Your doctor prescribed a set frequency of treatments and it is imperative that you follow that prescription if you want to get and stay well.

**We require 24 hours' notice in the event of a cancellation.** It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get the full number of prescribed treatments that week whenever possible.

**There is a \$50 charge for cancellation or no-show without proper notice.** This charge will not be covered by your insurance and will have to be paid by you personally.

**For Workmen's Compensation and Personal Injury patients,** documentation of any missed appointments is forwarded to your case manager and primary physician. This could jeopardize your claim.

**Please understand that your pain will probably increase and decrease as your course of treatment progresses and before it is finally eliminated. Either condition should NOT be a reason not to come in:**

1. Your pain is gone.
2. Your pain is worse.

If the pain is gone, now is the time to really begin rehabilitating the injured area to prevent recurrence. If your pain is worse, we can do something to help.

Please remember that we have reserved specific appointment times for you. Therefore, we request at least 24 hours' notice in order to reschedule your appointment. This will enable us to offer your cancelled time slot to another patient that desires to get their treatment completed.

### Please check one:

- I give Perez Family Health Center permission to provide me with a reminder text and/or email regarding my care 24 hours before my scheduled appointment.
  - Preferred phone number: \_\_\_\_\_
  - Preferred Email Address: \_\_\_\_\_
- No, I do not want a reminder text and/or email. I am aware there is a \$50 charge for cancellation or no-show without proper notice and will take full responsibility.

**Thank you for cooperating with us on this matter. We are looking forward to working with you.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_