ORLANDO FAMILY PRACTICE CARE, P.A. 10967 Lake Underhill Rd Suite 122 Orlando, FL 32825 P: 407-282-3131 F: 407-282-3139



## NO SHOW/SAME DAY CANCELLATION POLICY

In an effort to better serve our patients, we are requiring a 24-hour advance notice, if you are unable to keep your scheduled appointment. Your cancellation notice allows the opportunity for us to meet the needs of other patients.

By signing this form, I understand the importance of keeping my scheduled appointment and agree to notify the office at least 24-hour in advance, if I need to cancel or reschedule my appointment. I also understand that if I do not show to my appointment I will be charged a \$50 no show fee for the 1<sup>st</sup> no show appointment. My 2<sup>nd</sup> no show appointment I will be charged \$75. If I have 3 or more no show appointments, I understand that I may be discharged from the practice. Any no shows on appointments after 5 pm or on Saturdays are \$75.

Same day cancellations are \$25 and if I have 3 or more cancellations consecutively I understand that I may be discharged from the practice.

Please be advised that these fees are not covered by your insurance company, and it is the patient's responsibility.

Patient's Name	Patient's Signature	Date	
Witness Name	Witness Signature	Date	