



Aaron  
Boone  
DO  
and  
Associates,  
PLLC

## Cancellation Policy Notice

In order to provide you with the best care possible, our physicians function on an appointment basis (time held). Therefore, **we require 24 hour notice if you are unable to keep a scheduled appointment.**

If you do not show up to your appointment or cancel with less than 24 hours notice, we will no longer be able to hold time for you and all of your future appointments will be cancelled. If you have an emergency and are not able to contact the office to cancel your appointment, this fee may be waived, based on the Doctor's determination.

A rescheduling fee of \$50.00 (fifty) must be paid prior to scheduling your next appointment. This is a fee, and not a deposit on your account. This fee is your responsibility and will not be covered by your insurance. An additional fee will be applied to any future missed appointments as well.

Thank you for respecting the physician's valuable time.

By signing this document I agree to the above terms for the cancellation fee, and understand that I will be financially responsible for the fee if I miss my appointment and want to reschedule.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date