

1806 W Pleasant Ridge Rd Arlington TX 76015

## **Cancellation Policy / No Show Policy**

Dear Patient:		
In January 2014 Pleasant Ridge Internal Medicine make note; if you arrive 10 minutes past your sch the appointment. We understand that delays can time.	neduled appointment time we will ha	ve to reschedule
Additionally, we understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting treatment. We request that you please give our office a 24 hour notice in the event that you need to reschedule your appointment with the provider. This allows other patients to be scheduled. If a patient misses an appointment without contacting our office, this is considered a missed appointment (No-Show, no-Call) A fee of \$30.00 will be charged to you for a missed appointment. This fee will not be billed to your insurance carrier.		
I have read and understand the Cancellation/No Show Policy of the practice and I agree to the terms.		
Print Patient Name	Signature Patient/Guardian	Date