



## APPOINTMENT CANCELLATION POLICY

Dear Patient,

We strive to provide excellent medical care to you, your family and all of our patients. In order to do so effectively and efficiently, we have developed an appointment system that sets aside ample time for a patient.

"No-shows," and late cancellations inconvenience our patients who need access to medical care in a timely manner. In an effort to reduce the number of such occurrences, we have implemented an Appointment Cancellation Policy, and it is effective immediately.

Our policy is as follows:

1. **Please provide our office with 24-hour notice to change or cancel an appointment.** Our phone number is 713-533-0800.
2. If you miss an appointment and do not contact us with at least a 24-hour prior notice, we will consider this a missed appointment and a **\$50.00** no-show fee will be assessed to you. This applies to late cancellations and "no-shows."
3. If you are late for an appointment, you will be seen as soon as possible, though the office visit may need to be shortened in length, or rescheduled.
4. Our office makes reminder calls for appointments. When you make an appointment, an e-mail reminder will be sent five days prior to the scheduled appointment. A text and email reminder will also be sent 48 hours and another text 24 hours prior to the appointment. This gives the patient plenty of time to cancel or reschedule if a conflict arises. ***It is ultimately the patient's responsibility to remember their scheduled appointments.***

This fee will be billed to you directly. This balance must be paid on or prior to your next appointment. If you don't have a scheduled appointment, the balance is expected to be paid in a timely fashion.

We thank you for trusting The Skin Renewal Center with your medical care.

***I have read and understand the Medical Appointment Cancellation Policy and agree to the terms of this policy.***

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number to Text

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail to send reminders