

Downtown Dermatology



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NO SHOW / CANCELLATION POLICY

Dear Patient/Parent,

In an effort to maximize the time your physician spends with you and minimize your wait time, we have made changes to our **No-Show Policy/Cancellation Policy** as follows:

Effective immediately, a No **Show /Cancellation Fee** will affect **ALL** patients that fail to keep their scheduled appointment or those that cancel an appointment with less than a 24-hour notice.

This fee will be charged to the credit card on file

- Patients will receive a \$50.00 fee for Office Visit/Regular Visit Appointments
- Patients will receive a \$150.00 fee for Surgical or Cosmetic Appointments

Thank You for your understanding.

Patient Name: _____

Patient Signature or Parent/Guardian Signature: _____

Date: _____