

CANCELLATION POLICY

We at the Ainsworth Institute understand that our patient's time is valuable. It is our sincerest aim to minimize our patient's waiting and see them in a timely manner. This requires our patients to please keep their appointments and show up as scheduled.

- If you arrive 45 minutes or later for your appointment, it will be considered a **"NO-SHOW"** and you will be asked to reschedule your appointment. We will do our best to accommodate you and provide you the next available appointment.
- If you must cancel/reschedule your **office** appointment we ask that you provide **24 hours** notice. If you fail to do so, or if you are a **"NO-SHOW,"** you will be charged **\$20**.
- If you must cancel/reschedule your **procedure** appointment we ask that you provide **48 hours** notice. If you fail to do so, or if you are a **"NO-SHOW,"** you will be charged **\$50**.
- After 3 **"NO-SHOWS,"** the patient will be discharged from the practice.

I have read the above and understand the agreement. All of my questions and concerns regarding treatment have been adequately answered. I agree to follow these guidelines that have been fully explained to me. If I violate the agreement, I know that the doctor may discontinue this form of treatment. A copy of this document has been given to me.

Signature (Patient or Legal Representative)

Date

Witness

Date