



Patient Cancellation/No-Show Policy Acknowledgement

I understand that Comprehensive Pain of the Palm Beaches has a cancellation/no-show policy, and that I will be **charged** for any appointment I cancel or miss **with less than 24 hours' notice**. Cancellations are reserved for emergencies only, and require a minimum of a **24-hour notice**. All cancellations are to be rescheduled to ensure continuity of care. Any arrival **15 minutes** or more after the scheduled start time of your appointment will be considered a cancellation/no-show, unless you notify the office that you are running late.

I understand that Comprehensive Pain of the Palm Beaches does not overbook patients, my appointment time is set aside specifically for me. Thus, Comprehensive Pain reserves the right to charge a fee of **\$25.00** for each scheduled appointment that is cancelled with less than **24 hours' notice**, as well as for no-shows. I also understand that I may be **discharged** from the care of Comprehensive Pain of the Palm Beaches if I cancel with **less than 24 hours' notice, or no-show, more than 3 times within any 6-month period.**

I also understand that I will **not be seen until** any outstanding cancellation/no-show fees have been paid in full and that any self-pay fees are non-refundable.

By signing below, I understand and agree to the above policy.

Patient Name (Print): _____

Patient Signature: _____

Provider Signature: _____

Date: _____