



CANCELLATION AND MISSED APPOINTMENT POLICY

Our goal at Rejuvinix is to provide you and your family with an unmatched medical experience. To assure convenience, accessibility and efficiency to all of our patients, it is important that patients arrive timely for all scheduled appointments or cancel the appointment 24 hours in advance. This policy allows us to make better use of our available appointments for those patients in need of medical care.

Cancellation of an Appointment

You may cancel your scheduled appointment by calling our office during regular business hours or leaving a voicemail outlining the reason for the cancellation during off hours.

Appointments are in high demand and your early cancellation will give another patient the opportunity to be seen by a provider.

Missed Appointment Policy

A "missed appointment" is an occurrence where someone does not show up for an appointment and does not cancel the appointment in advance of the scheduled date and time. If you do not show up for your appointment and you do not cancel the appointment 24 hours in advance, we will record this in the medical record as a "missed appointment". Each time you miss your appointment, you will be notified by telephone and you will be asked to re-schedule.

Fees for Appointments – Financial Agreement

Effective September 26, 2018 Rejuvinix will begin to charge patients when they do not present for scheduled appointments. Failure to cancel or re-schedule the appointment within 24 hours of the scheduled appointment time will result in a fee for a missed appointment. This fee will not be submitted to the health plan; it will be charged to the patient. We understand that flexibility is important and patients may be allowed one "free" missed appointment charge. The missed appointment fee structure is \$100 for all types of appointments.

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I pre-authorize Rejuvinix to use the payment information (debit card and / or credit card) on file to charge for the applicable fees. If there is no payment information on file, I understand that I will be billed for the applicable fee. I acknowledge that I have read and understand the above policy statement regarding the fees for missed appointments.

Patient Signature _____

Date _____