



Patient Acknowledgement
Appointment Cancellation Policy

Dear Patient,

Complete Wellness Family Medicine has instituted an Appointment Cancellation Policy. A cancellation made with less than a 24-hour notice significantly limits our ability to make the appointment available for another patient in need.

To remain consistent in providing quality care for our patients, we have instituted the following policy:

1. Please provide our office a 24-hour notice if you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the answering service to avoid a cancellation fee being charged.
2. A “No-Show”, “No-Call” or missed appointment, without proper 24-hour notification, may be assessed a \$50 fee.
3. This fee is not billable to your insurance.
4. If you are 15 or more minutes late for your appointment, the appointment may need to be cancelled and rescheduled and may result in being charged the \$50 fee.
5. If you have consented to call and text reminders, you will receive appointment reminders by email, phone call, and text prior to your appointment. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the physician/patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. A copy of this policy will be provided to you. Please sign and date below your acknowledgement.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended as necessary by the clinic.

Printed Name of Patient

Signature of Patient

Date