

## **NO SHOW – CANCELLATION POLICY**

Westover Hills Orthopaedics is committed to helping you manage and maintain your health care needs. When you schedule an appointment time with one our Providers, that time is reserved for you to discuss and review your medical concerns. We do understand that on occasion unforeseen circumstances do arise and the need to cancel your scheduled appointment may be necessary. If you know that you will be unable to keep your appointment, we ask you to notify us of your need to cancel by calling our office and speaking with a scheduling associate. Providing our office with adequate notice will allow us to offer that appointment time to another patient.

The following No Show and or late cancellation fee will be assessed: A \$50.00 charge will be assessed for "No Showing" or failing to give notice of the need to cancel or reschedule an office appointment with one of our providers.

I have read and understand the items of Westover Hills Orthopaedics No Sho	ow-Cancellation-
Reschedule policy. I understand the \$50.00 charge is not billable to my insura	ance and will ultimately
be my financial responsibility.	

Patient's or Authorized Representative's Signature

Date