

## **Peter Grant, MD**

### **Missed Appointment/Cancellation Policy**

Your doctor's appointment is important to you and to our clinic. We want to be able to see you as soon as possible when you call for an appointment. We have the following cancellation/missed appt. policy to improve our care for you and your family.

24-hour notice must be given for all cancelled appointments so that others may be scheduled in your place. Arriving more than 15 minutes late for an appointment is considered a missed appointment. If our schedule permits, we will try to see you.

The late fee is waived on your first missed appointment or late cancellation. After that, a \$25.00 charge will be automatically added to your account.

Thank you for allowing us the privilege of serving your medical needs.

I understand and will follow the above policy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_