



NO SHOW / LATE ARRIVAL AND LATE CANCELLATION FEE POLICY

We're glad you have chosen WellOne Medical Centre to provide you with your health care needs. Our goal is to provide our patients with quality medical care in a timely manner. To reach this goal our clinic strictly enforces a "No Show / Late Cancellation / Late Arrival Policy".

Please take a few minutes to review our no-show policy and sign at the bottom of the form. If you have any questions please let us know.

1. Our Practice requires that in the event you have to re-schedule or cancel an appointment, you must notify us one business day (24 hours) in advance; phone messages left on the answering machine over the weekend do not qualify as 24 hours notice for Monday appointments.
2. Cancellation of any appointments must be done with one of our staff members. We are unable to accept such requests via voice-mail or email.
3. If you book your appointment within the 24-hour time frame, the policy is in effect immediately.
4. If you arrive later than halfway through a scheduled appointment this will constitute a "Missed Appointment"
5. Late comers may be required to re-schedule for a later time or another day and appropriate charges for the late or missed appointment will apply.
6. All incurred fees must be cleared before your visit with the doctor. Please note receptionists and staff members cannot waive fees. For any questions or concerns please email management.

Depending on the type of your appointment you will be charged a fee for appointments missed, canceled or re-scheduled with less than 24 hours notice. See fee schedule below

Missed appointment	\$40	Missed Pediatric appointment	\$50
Missed initial appointment	\$40	Missed Pediatric Consult	\$200
Missed Physical/PAP	\$75	Missed CBT appointment	\$150
Missed travel consult	\$75	Missed CBT initial appointment	\$200

I _____, have read the above information that explains the missed appointment, late cancellation and re-scheduling fee policy. I understand that at least 24 hours notice is required to avoid these charges.

Signature: _____ Date: _____