

# Jefferson Chiropractic Center, Inc.

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## CANCELLATION AND MISSED APPOINTMENT POLICY

It is with regret that we are forced to adopt this policy; however with last minute cancellations and no-shows, some days we are unable to accommodate patients on our waiting list.

The practice is growing and ensuring we are able to see those on the waiting list can be a challenge.

Please be advised all patients will be required to give 24 hours' notice of their intention to cancel or reschedule an appointment. If you cancel or reschedule your appointment with less than 24 hours' notice, we reserve the right to charge you a \$25 cancellation fee. The same fee will be charged if you miss your appointment or arrive too late and there is not time for your treatment.

Exceptions will be handled on a case by case basis.

Please complete and sign the statement below to acknowledge receipt of this policy.

I, ..... have read and understand the terms of the  
(Printed name of Patient)

above policy.

.....  
Printed name and description of Personal Representative's Authority

.....  
Signature of Patient or Personal Representative

.....  
Date