TO OUR PATIENTS REGARDING CANCELLATIONS AND NO-SHOWS:

Effective November 1, 2017, Regional Chiropractic Center now informs our patients of **our long-standing cancellation and no-show policy** via this signed form. If you are unable to keep your appointment, we request that you call at least 24 hours in advance to allow us to offer the time to another patient in need of treatment. Please keep in mind that not only you, but also our other patients and staff, are affected by your failure to keep appointments. Our primary goal is to help you get better. Your full participation is critical in helping you reach this goal.

The followin	g charges	will apply	for cancel	lations and	l missed	appointments ((no-shows):
Same-day ca	ncellations	s for massa	ige therapy	v (less than	24-hou	rs notice): \$20	

Missed appointments/No-show for massage therapy: Full price of massage

30-minute: **\$40** 60-minute: **\$75** 90-minute: **\$115**

No-show for a yoga class the patient registered for: \$15

Repetitive no-shows for chiropractic appointments may result in \$20 fee

These charges are not covered by health insurance benefits or personal injury cases and are the responsibility of the patient/responsible party.

We realize that circumstances outside of your control arise on occasion and we will take this into consideration before assessing these fees.

Patient Name	Patient/Guardian Signature	Date