



Lake Country  
Family Medicine

**NO – SHOW POLICY**

*Effective January 1, 2013*

We understand that there are often legitimate reasons for having to cancel an appointment. We ask that you call in advance if you are unable to keep an appointment as we would like to have the option to offer that appointment to another patient who needs medical care.

By signing below, you acknowledge that failure to provide notice of cancellation will result in a \$25 no-show fee for any scheduled appointments. This will be billed to you directly and will not be filed to your insurance. No-show fees must be paid before another appointment can be scheduled. Multiple no-show patients are still subject to dismissal from the practice per office policy.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE NOTIFICATION AND THAT I HAVE RECEIVED CLEAR EXPLANATIONS REGARDING THE PROVIDED INFORMATION.**

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

*If patient is under age 18 or unable to authorize consent:*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*