

NEURON MEDICAL CORPORATION

227 West Janss Road, #135
Thousand Oaks, CA 91360
www.neuronmedical.com
neuronoffice@gmail.com
Phone: 805-373-2890
Fax 805-364-5464

CANCELLATION AND NO-SHOW POLICY

Our practice believes that good physician/patient relationships are based upon understanding and communication.

We understand that situations arise in which you must cancel your appointment. It is, therefore, requested that you provide us with more than 24 hours' notice if you must cancel your appointment.

Office appointments and IV Therapy appointments which are canceled with less than 24 hours' notice will be subject to a \$100.00 cancellation fee.

This 24-hour notice will enable another person who is waiting for an appointment to be scheduled in that appointment slot. No shows and late cancellations delay the delivery of healthcare to other patients, some of whom are quite ill. When cancellations are made with less than 24 hours' notice we are often unable to offer that slot to others who are waiting for appointments.

*** We understand that special or unavoidable circumstances may cause you to cancel your appointment without 24 hours' notice. There will be a one-time, 4-hour same day emergency waiver to use for this type of situation.

Patients who do not show up for their appointment without a call to cancel their appointment with at least 24 hours' notice will be considered a NO SHOW.

Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Insurance does not cover this fee.

Please sign that you have read, understand and agree to this Cancellation and No-Show Policy.

_____ Date of Birth _____
Patient Name (Please Print)

_____ Date _____
Patient Signature (or Patient's Representative Signature)