



### **NO SHOW AND CANCELLATION POLICY**

**A patient is considered late/no-show for an appointment at 10 minutes past their scheduled appointment time. A missed appointment prohibits the practice from the opportunity to provide care to patients during that time slot. A fee of \$35.00 will be charged to the patient for a missed or cancelled appointment if a 24 hour notice is not given. For new patients, the fee will be \$75.00. For other appointments, depending on the length of your appointment, the fee may be \$75.00.**

**After a third "no show" the patient will be dismissed from the practice.**

**Payment for a missed appointment is the responsibility of the patient and is due upon receipt of the charge. Future visits will not be scheduled until the missed appointment fee is paid.**

**This is a practice policy that is not applicable to any insurance rules or regulations. The sole purpose of the policy is to protect the practice from loss of availability to its' patient's medical needs.**

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**Signature of Patient/Guardian**

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**Date**

***"Central to Your Well-Being"***

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