

CANCELLATION & NO-SHOW POLICY

Please complete this form on your computer, print and bring to your appointment. OR, you may print and complete manually.



The following are Highpoint Foot & Ankle Center’s policies regarding cancellations and no-shows:

We take this subject seriously at our office, because it can make the difference between whether you succeed in services received by our office. Showing up as scheduled is one of your more important responsibilities.

In the event of a cancellation, we require a phone call within 24 hours of your scheduled visit time. It is your responsibility to call in. Also, be sure to have an alternative time in mind to reschedule your appointment.

There is a \$20 charge for a cancellation without 24 hours notice and/or for not showing for a scheduled visit. This charge will not be covered by your insurance company, but will have to be paid by you personally.

When a patient does not show up for their scheduled appointment, three people lose:

You, the patient, because you are not getting the needed treatment.

The doctor, who now has an empty space in their schedule since that time was reserved for you personally.

Another patient who could have been scheduled to receive treatment if there had been proper notice.

Please cooperate with us in this regard. We look forward to working with you.

I have read the above policy regarding cancellations/no-shows and understand my responsibilities.

Patient Name (Please Print)

X _____ Date: _____
Signature of Patient (or parent, if minor)