



FAL RIVER HEALTH CENTER, LLC

Integrative Medicine

Linda S. Grigel MHP, PA-C

CANCELLATION POLICY

Effective January 1st, 2021

You and your family are very important to us. As an Integrative Medical practice we are dedicated to providing the highest competency of healthcare and education. We hope you understand the reason for this cancellation policy.

Follow-Up Appointments

24-hour notice is requested (not including weekends and/or holidays).

If a cancellation is not made, you will be charged 100% of the appointment fee, accounting for the amount of time reserved.

New Patient Consults

72-hour notice is requested (not including weekends and/or holidays).

If a cancellation is not made, you will be charged a \$275.00 non-refundable fee. If you choose to reschedule, pre-payment for the allotted time will be requested, in addition to the cancellation fee.

We do understand that there are extenuating circumstances; a simple phone call is requested to avoid these charges. However, texts cannot be used for communication. SMS messaging is not HIPAA compliant and your personal health information (PHI) could be compromised.

By signing below, I understand and agree to the above policies.

Patient Name (print): _____

Patient Signature: _____ **Date:** _____

IF PATIENT IS A MINOR

Parent / Guardian's Name (print): _____

Relation to Patient: _____

Parent / Guardian Signature: _____

Date: _____