



## FAL RIVER HEALTH CENTER, LLC

*Integrative Medicine*

**Linda S. Grigel MHP, PA-C**

### CANCELLATION POLICY

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:** \_\_\_\_\_