



PLEASE READ CAREFULLY AND THOROUGHLY

Home Visit Cancellation Policy

We ask for at least 24 hours notice to cancel an appointment. This time has been set aside for you; therefore if you are unable to make your scheduled appointment and less than 24 hours notice is given, you will be charged a **\$75.00 cancellation fee**. **The full price will be charged** if you cancel the appointment on the same day as the appointment is scheduled, and this also applies to **“NO SHOW”**.

Please be aware that extended health care insurance plans do not cover the fee for missed appointments.

We thank you in advance for this matter.

Signature: _____

Date: _____