

**CANCELLATION POLICY**

**We welcome you to our practice and look forward to helping you meet your goals in treatment. You are an integral part of your treatment, perhaps the most important.**

**We work on an appointment basis. Your appointment time is reserved specifically for you, and we depend on you being here as scheduled. If some unforeseen reason you are unable to keep your appointment, kindly give us 72 hours notice. This 72 hour notice allows us to schedule another person at your appointed time. Failure to keep your appointment or give adequate notice will result in you being billed for the broken appointment. We realize that emergencies do arise and we will take this into consideration before charging you for a broken appointment.**

**If you have any questions regarding this policy, please do not hesitate to discuss it with us.**

**Thank you,**

**Dr. Macon Singletary and Staff**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_