

LARRABEE CENTER APPOINTMENT CANCELLATION POLICY

Effective 2/1/2014

Thank you for entrusting your aesthetic and medical care to The Larrabee Center. We constantly strive to provide the highest quality and most advanced care to all patients. In order to be consistent with this commitment to excellence, The Larrabee Center utilizes an appointment system that sets aside ample time for each patient, dependent upon the patient's needs.

Our office makes every attempt to avoid overbooking and creates a schedule which remains, in most instances on time. In order to ensure that every patient has fair access to timely and efficient appointments, we have adopted the following policy in regards to last minute cancellations and no shows. If you do not show up for your appointment, or notify us of your inability to keep your appointment **at least 48 hours** in advance, the time that has been allotted for your visit cannot be used to treat another patient and is valuable time lost.

Our policy is as follows:

1. We request that you please provide our office a **48-hour advance notice** in the event that you are unable to keep your appointment, allowing us to offer that time to another patient. Our main scheduling number is **(206) 386-3550**. If you are routed to voicemail, please leave a detailed message.
2. If you miss an appointment and do not contact us with at least 48 hours prior notice, we will consider this to be a missed appointment and a **\$100.00 fee will be assessed**.
3. If you are late for an appointment, we will make every effort to see you as soon as possible, though the office visit may need to be shortened in length or rescheduled. If you are 15 minutes late, this will be considered a no show.
4. As a courtesy when time permits, we call to confirm your upcoming appointment. If you do not receive a confirmation call, please be aware that the cancellation policy remains in effect.

If you have any questions regarding this policy, please feel free to contact the Practice Administrator directly at (206) 971-0735. This policy has been instituted out of respect for both our providers and patients. We thank you for your patronage.

I have read, understand and agree to the Appointment Cancellation Policy outlined above.

Patient Signature (Parent / Legal Guardian)

Date

Printed Name

Date

Employee Witness (Office Use Only)

Date

***** PLEASE RETURN THIS PAGE TO US *****