



Patient Acknowledgement
Appointment Cancellation Policy

The Sugar Doctors, LLC has instituted an Appointment Cancellation Policy. A cancellation made with less than a 24-hr notice significantly limits our ability to make the appointment available to another patient in need.

1. Please provide our office with a 24-hr notice in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the answering service to avoid a cancellation fee being charged.
2. A “No-Show”, “No-Call” or missed appointment, without proper 24-hr notification, may be assessed a \$25 fee.
3. This fee is not billable to your insurance.
4. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled
5. As a courtesy, we make reminder calls or text messages, for appointments, one to two days in advance. Please note that if a reminder call, text or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the physician/patient relationship. If you have any questions regarding this policy, please let our staff know and we will be happy to clarify any questions you may have. A copy of this policy will be provided to you. Please sign and date below your acknowledgement.

I have read and understand the Appointment Cancellation Policy and I acknowledge it’s terms. I also understand and agree that such terms may be amended from time-to-time by the clinic.

Signature: _____

Printed Name: _____

Date: _____