

**CHOWAN CHIROPRACTIC CLINIC**  
**701 N. Broad St.**  
**Edenton, NC 27932**  
**(252)482-4900**

**Appointment Cancellation/No Show Policy**

Thank you for trusting your medical care to Chowan Chiropractic Clinic. When you schedule an appointment with Chowan Chiropractic, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment!

Please see our Appointment Cancellation/No Show Policy below:

- Effective July 1, 2018 any established or new patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice will be considered a No Show.
  - An initial No Show will receive a verbal notification from office administration.
  - Following No Shows will be charged a \$50.00 fee for each missed appointment.
- The fee is charged to the patient, not the insurance company or Medicare, and is due at the time of the patient's next office visit.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you experience extenuating circumstances, please contact our Office Manager as soon as possible for additional consideration.

You may contact Chowan Chiropractic 24 hours a day, 7 days a week at the above listed number. Should it be after regular business hours Monday through Thursday, or a weekend, you may leave a message. Messages left after hours are acceptable as long as they comply to the required notice of 24 hours or more.

**I have read and understand the Appointment Cancellation/No Show Policy and agree to its terms.**

\_\_\_\_\_  
**Signature (Patient/Parent/Legal Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Relationship to Patient**