



224 S Hamilton Street, Suite 101, Portland, OR 97239 Phone: 503-222-5005 Fax: 503-222-1039

## No Show/Cancellation Policy

We are committed to the highest quality of care for all of our patients; therefore, we schedule all appointments in advance and make every attempt to confirm them 24 hours in advance. When we schedule your visit, that time belongs to you and you deserve our undivided attention.

We value our relationship with you and want to be fair. However, if you are unable to keep an appointment the following will apply:

- We require a 24-hour notice if you need to cancel or reschedule
- \$45 no show/broken appointment fee per patient without prior notification
- If you are able to make up your appointment within 24-hours of your original appointment time, we will waive the \$45 charge.
- We will automatically charge the card on file if you do not show up to your appointment or make changes within the 24-hour window of your appointment.

By signing below, I hereby acknowledge that I have completely read and fully understand Skyline Integrative Medicine's No Show and Cancellation Policy. I understand that the card on file will be charged a \$45 fee if I do not show up to my scheduled appointment or cancel my appointment within the 24-hour window.

Patient name	Date	
<u>-</u>		
Patient signature		