Missed Appointment and Late Cancellation Policy

I, _____, understand and acknowledge the policy of Conventions Wellness regarding missed appointments and late cancellations. This policy is in place to ensure the efficient operation of the practice and to provide optimal care to all patients.

1. **Missed Appointment Fee:**
   - If I fail to show up for a scheduled appointment without prior notice, I agree to pay a fee of $25. This fee will be charged to the credit card on file.

2. **Late Cancellation Fee:**
   - If I cancel an appointment with less than 24 hours' notice, I agree to pay a fee of $25. This fee will be charged to the credit card on file.

3. **Credit Card Information:**
   - I understand that a valid credit card must be on file to schedule appointments. This card will be charged in accordance with the above policy.

4. **Card Declination:**
   - If the credit card on file is declined, I understand that I am required to settle the outstanding fee before scheduling any future appointments.

I acknowledge that Conventions Wellness has the right to refuse service for failure to comply with this policy.

Patient's Signature: _____Date: _____

Updated January 2024