

Dear Patient:

We provide high level medical care for all of our patients, because we see patients on an appointment basis we have established the following policy:

Our appointment policy requires 24 hour cancellation prior to your scheduled appointment.

There is a \$5.00 charge for the first **NO SHOW**, \$15.00 charge for the second **NO SHOW**, and \$25.00 for any subsequent **NO SHOWS**, thereafter.

If you are late for your scheduled appointment, there is a possibility we will have to reschedule you.

Thank You,

James J. Longobardi, DPM

I \_\_\_\_\_ have read and understand the above policy. I understand that I will be responsible for payment for any missed appointments, as my insurance will not cover it.

Signed

Date

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