



Missed Appointment Policy

Effective May 1, 2011

Aesthetic and Anti-Aging Medicine Center's Physician and Staff place a high priority and value upon our patients' time. When a patient misses an appointment without allowing adequate notice we cannot offer that time to others and our ability to provide care to others is compromised.

We consider the physician-patient relationship to be the most important element of our commitment to care. When a patient misses their appointments repeatedly, we believe it is a poor predictor of a therapeutic future relationship.

"Missed appointments" are defined as scheduled visits that are not cancelled with enough time to offer the time to another patient. If notification is made on the same day as the anticipated care, the designation of "missed appointment" will depend upon the circumstances and may be waived by the office manager on a case by case basis.

If you need to cancel an appointment please provide prior notice. If cancellation does not occur with a minimum of two (2) hours prior notice, the visit will be considered a missed appointment. * *Excludes all Spa services, please see below.*

If three (3) missed appointments occur within a year, you will be asked to seek medical attention elsewhere.

The charge for a missed appointment is not a charge for a service itself, but rather a charge for a missed business opportunity.

**All Spa services must be cancelled 24 hours in advance or you will be billed for the scheduled service. Botox and Dermal filler will require pre-payment after two (2) missed appointments. All other services will be charged a \$25.00 missed business opportunity fee.*

Thank you for your cooperation and understanding.

Aesthetic and Anti-Aging Medicine Center's Physician and Staff



Patient Acknowledgement of Policies and Procedures

Update effective May 1, 2011

I. Missed Appointment Policy

By signing below I agree that I was informed and have received a copy of the Aesthetic and Anti-Aging Medicine Center's "Missed Appointment Policy" that is effective as of May 1, 2011.

Patient Name: _____

Patient Signature: _____ Date: _____

II. Acknowledgement of the Notice of Privacy Practices

By signing below I agree that I was informed and have received a copy of Aesthetic and Anti-Aging Medicine Center's "Notice of Privacy Practices."

Patient Name: _____

Patient Signature: _____ Date: _____

Witness (Staff) Signature: _____ Date: _____