

CANCELLATION - NO SHOW POLICY

THE POLICY OF THIS OFFICE IS THAT A NO SHOW BY A CLIENT ALWAYS RESULTS IN A COST TO THIS OFFICE.

NEW YORK STATE LAW DOES **NOT** ALLOW THIS OFFICE TO CHARGE ANY **INSURANCE COMPANY** FOR ANY APPOINTMENT THAT IS MISSED BY A PATIENT UNDERGOING TREATMENT FOR A NO-FAULT OR WORKERS' COMPENSATION INJURY.

HOWEVER, A **PATIENT MAY BE HELD PERSONALLY RESPONSIBLE** FOR MISSING APPOINTMENTS SINCE MISSED APPOINTMENTS IMPACT NOT ONLY THE VIABILITY OF THE PROVIDER OFFICE BUT ALSO IMPACTS AND ADVERSELY AFFECTS THE TREATMENT PLAN AND CONTRACT OF CARE ESTABLISHED BY THE PROVIDER OFFICE.

ACCORDINGLY, THIS OFFICE WILL HOLD ALL PATIENTS PERSONALLY LIABLE FOR ANY NO SHOW APPOINTMENT. **A NO SHOW APPOINTMENT IS DEFINED AS ANY MISSED APPOINTMENT OR APPOINTMENT THAT IS CANCELED WITH LESS THAN 24 HOURS NOTICE.**

Office number: 585-406-0127

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND.

Patient Signature

Print Name

Date Signed