



1095 Pingree Rd, Suite 204, Crystal Lake, IL 60014

Phone: 224-256-2607 Fax: 224-256-2615

24 Hour Cancellation & “No Show” Fee Policy

Scheduled appointments must be cancelled within a 24 hour advanced notice or if being absent please provide a compelling reason. A \$75.00 "No Show" fee will apply and is billed directly to the patient. Please keep in mind when you miss an appointment without providing proper notice, another client is prevented from receiving care.

This fee is not covered by insurance and must be paid on day missed or prior to your next appointment.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our clients.

By signing below, you acknowledge that you have received this notice and understand this policy.

Printed name: _____ Date: _____

Signature: _____