**Cancellation Policy**

In response to the increased occurrence of late Cancellations and Appointment No Shows, we have implemented a Cancellation Policy in order to protect our staff and our ability to continue to serve our patients. Please read the policy carefully and sign below indicating your acknowledgement of being informed of this policy.

At Platte Valley Chiropractic & Functional Medicine, we request a 24-hour Cancellation notification prior to the time of all appointments. The information below provides an outline for the varying appointment types and a fee schedule. The cancellation Fee Schedule is dependent on the type and length of the appointment scheduled.

**Cancellation/Rescheduling Appointments:** Please provide 24-hour notice for Cancellation or Rescheduling of appointments. After the Third, and each subsequent Cancellation/Rescheduling of an appointment without 24-hour notice a fee, as listed below, will be applied to your account.

**Chiropractic/Functional Treatment Appointments:**

Regular Office visit: $ 30.00 Lab Review: $36 .00 Specialized Lab Review: $ 58.00

**No Show/No Call Policy:** If you do not call to cancel your appointment and do not come to the scheduled appointment, the applicable fee will be applied to your account on the Third and each subsequent occurrence. Due to the fact that a No Show/No Call for an appointment does not allow our office the opportunity to fill said appointment time, the Fee Schedule will be correspondingly higher than the Cancellation/ Rescheduling Fee Schedule.

**Chiropractic/Functional Treatment Appointments:**

Regular Office visit: $ 60.00 Lab Review: $ 72.00 Specialized Lab Review: $ 117.00

**Sauna Cancellation/Rescheduling/No Show Appointment Policy:** Please provide 24-hour notice for Cancellation of or Rescheduling appointments. After the Third, and each subsequent Cancellation/Rescheduling of an appointment without 24-hour notice a fee, as listed below, will be applied to your account.

$ 15 Session Fee applied OR A Session in the current package will be forfeited.

Patient/Guardian Signature Date