

APPOINTMENT NO-SHOW, CANCELLATION AND RESCHEDULE POLICY

Greenwich Integrative Medicine, P.C. is a time intensive patient-centered practice. In an effort to provide the highest quality of health care to each patient, we construct our schedule so that our providers give their undivided attention to you. As a result, patients sometimes have appointments further in the future than they might like. Our appointments are in high demand. We ask you to be understanding of these intentions, which give you the ability to fully express your story to us during your appointment time. We have set the following guidelines to help us achieve this high standard of care.

- 1. Cancellations and reschedules require 48-hour notice. The 48 hours include business days only, and exclude weekends, so that a Monday appointment needs to be cancelled by Thursday. We reserve the right to charge your credit card the full amount of the scheduled visit if it is not canceled or rescheduled within 48 hours.**
2. Failure to notify Greenwich Integrative Medicine that you are unable to keep an appointment will be considered a “no-show” and full payment will be required.
3. Lateness policy: Should you arrive more than 15 minutes late for an appointment, your appointment may need to be rescheduled depending on the length of the scheduled appointment. Since your appointment time has been confirmed you will be charged for the entire time. If possible, your physician or provider will make every attempt to accommodate your late arrival depending on his/her schedule.
4. Payments are to be made at the time of your appointment. We will provide you with a detailed bill for your records and insurance carrier.

Please provide your credit card information so that we can schedule your appointment.

We accept Discover, MasterCard, Visa and American Express (please circle your choice).

This information will only be reserved for this agreement.

Name on Card: _____

Credit Card #: _____ Expires: _____ / _____ / _____

By signing below, you accept the terms of our cancellation/reschedule policy.

Patient Signature: _____

Parent/Guardian Signature: _____

Your Appointment Is Scheduled For: _____

Please fax or mail this document to our office within 48 hours of your scheduled appointment time so your appointment can be confirmed.

203-863-4538 fax

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www.greenwichintegrativemedicine.org