

# Ballinger Clinic, PLLC

## CANCELLATION AND NO SHOW POLICY STATEMENT

We are committed to providing quality medical care to all our patients. Please keep in mind that we need to be notified of any cancellation 24 hours prior to the appointment time. Last minute cancellations and no-shows are taken seriously at Ballinger Clinic. As soon as we are aware of the cancellation, we open that appointment slot for others who may need care that day.

Our office reserves the right to charge a \$35 fee for cancellations with less than 24 hours notice or no show appointments. This fee is not payable by your insurance.

Thank you for your consideration and cooperation.

Patient Name (Printed) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY (HIPPA)

\_\_\_\_\_ Yes, I have received a copy of Ballinger Clinic's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date Signed (or Date Refused)

\_\_\_\_\_  
Reception: If patient refuses, please put your initials on the line above.