



Patient Acknowledgement

No Show & Appointment Cancellation Policy

Power of Wellness Health Clinic has instituted an Appointment Cancellation Policy. A cancellation made less than 24 hour notice significantly limits our ability to make the appointment available for another patient in need. To remain consistent with our mission, we have instituted the following policy:

- Please provide our office a 24-hour notice in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the answering service to avoid a cancellation fee being charged.
- A “No-Show”, “No-Call” or missed appointment, without proper 24-hour notification, may be assessed a \$25 fee. This fee is not billable to your insurance.
 - Certain appointments require advanced preparation of supplies or medications that cannot simply be placed back into the stock supplies. Examples include, but are not limited to: cryotherapy, and certain injectable medications. There may be an additional \$15 fee associated with these missed appointments.
- If you are 15 or more minutes late for your appointment, the appointment may be canceled and rescheduled. This is to ensure that you have the full time of your appointment with your provider to discuss your health concerns/goals.
- Repeated missed appointments may result in termination of the physician/patient relationship.
- As a courtesy, we make reminder calls, for appointments, one to two days in advance. Please note, if a reminder call or message is not received the cancellation policy remains in effect. Text and email notifications can also be arranged for you, as well as patient portal access where you can view your upcoming appointments and past appointment/lab info.

This policy is in effect to ensure that all of our patients have the opportunity to be seen in a timely manner and in a way that provides complete and excellent care.

To cancel or reschedule an appointment please call **POWER OF WELLNESS HEALTH CLINIC** at (907) 220-4447 and speak with the front desk. If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. A copy of this policy will be provided to you.

Please sign and date below your acknowledgement.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand that such terms may be amended from time-to-time by the clinic.

Patient Signature

Date

Patient Name