

Cancellation Policy

Dear Client,

We understand that it is sometimes necessary to change or cancel appointments due to unavoidable circumstances and we are happy to work with you on this. It is important for you to know that we have reserved a generous block of time for your appointment and have spent a substantial amount of time preparing for the initial consultation. In addition, there may be people on our waiting list who would benefit from the time released by a cancellation. Some of them travel a great distance and need to plan in advance for the trip. We would like to be fair to all concerned. We will always work with you if there are emergency situations.

Therefore, we ask that you kindly provide notice for any cancellations or changes of your appointment according to the following guidelines:

***one full week for initial consultations with Dr. Sheline**

***24 hours for all follow up appointments**

You will be responsible for the entire fee if notice is not provided within the stated time and we reserve the right to charge your credit card on file the full amount of the visit if our cancellation guidelines are not met.

We would be most grateful for the earliest possible notice of changes that you need to make. We appreciate your understanding.

I agree to the terms of this cancellation policy and understand that I may be charged the full amount of the missed visit if the guidelines are not met.

Name: _____

Date: _____

Credit Card#: _____ Exp: _____ CCV: _____

Credit Card Billing Zip Code: _____