

CANCELLATION POLICY

I am aware that Ankle & Foot Clinic of Everett has a policy requesting that I notify them *at least 24 hours* in advance if my appointment needs to be changed or cancelled.

I understand that I may be charged a fee for any appointment that I either miss, cancel or reschedule without giving the clinic **at least 24 hours** notice before the appointment time.

The fee for a missed or late cancelled/rescheduled appointment is a minimum of \$25.00, with a \$200.00 fee for surgeries.

I further understand that this charge **will not** be billed to my insurance and that I am financially responsible for payment. In addition, I may not be able to reschedule another appointment until such fee is paid.

To prevent this charge, please notify our office a minimum of 24 hours in advance if you cannot keep your appointment.

By my signature below, I agree to the terms and conditions as noted above and acknowledge that I understand the cancellation policy.

Print Name (Patient)

Date

Signature (Patient)

Date

Signature (Parent or Guardian)-if applicable)

Date

*Jeffrey Christensen, DPM, FACFAS

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*Certified in Foot and Ankle Surgery