



MISSED APPOINTMENT CONTRACT

Patient name: _____

In order to serve you better and keep the cost of medical care down, we strive to maintain an efficient appointment system. However, our cost of providing care increases significantly when patients fail to keep their scheduled appointments without providing adequate notice.

Your signature below denotes your agreement to provide a minimum of 24 hours' notice to Vitaus Medical Center in the event of a cancellation, although more notice is certainly always appreciated. Please be advised that Vitaus Medical Center reserves the right to assess a \$25 Missed Appointment Fee for each occurrence in order to hold your next appointment.

We value our patients and sincerely appreciate your understanding and cooperation with our policy.

Patient signature

Date