



January 01, 2008

To All Patients:

Due to several no-shows, it has now become necessary to impose a fee for those patients who do not show for their scheduled appointments.

These fees are as follows:

Follow-up Office Visits	\$50.00	MUST cancel or reschedule 24 hours prior to scheduled appointment.
Procedures	\$75.00	MUST cancel or reschedule 72 hours prior to scheduled appointment.

No show fees must be paid in full prior to your next scheduled appointment or medication refills being called into your pharmacy or picked up at the office.

We appreciate your understanding in this matter and ask that if you cannot make it to a scheduled appointment that you would please call the office during business hours only. We will not accept messages from the answering service or voicemail to cancel an appointment.

Thank You,

Raymon D. Priewe, D.O.

I, _____, understand and acknowledge the fees as listed above.

Patient Signature

Date

