POLICY UPDATE





| As of February 01, 2015 our practice will be charging a \$25.00 fee for appointments that are not | |
|---|--------------------------|
| CANCELLED with a 24 hour notice from date and time of appointment. This charge will also be a | applied |
| to any appointments that are NO SHOWS. | |
| I,understand that I will be charged a \$25.00 fee | e by Touchstone Internal |
| Medicine & Pediatrics if I do not give a notice of 24 hours when canceling my appointment and o | r NO SHOW at any time. |
| | |
| Signature | Date |