

# Korunda Medical, LLC.

## Patient No-Show/Cancellation Policy

Korunda Medical, LLC. requires a minimum of 24-hours notice in order to cancel an appointment. If you fail to give proper notice in advance, if you do not keep your appointment for any reason or “no show” for your appointment, you will be assessed a \$25.00 fee.

This fee will not be paid by your insurance company. You are responsible to pay this fee immediately. Thank you for your cooperation.

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Patient Signature: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_