



832-955-1221

### Appointment, Rescheduling & Cancellation Policies

We do understand that everyone's time is quite valuable. In an effort to keep our schedules running smoothly, we have implemented the policies below.

**Late Policy** – All patients are expected, to arrive, 15 minutes before their scheduled procedure time. If you are late for your scheduled time, there may be a \$50 fee per every 15-minutes that you are tardy. If you are more than 30-minutes late, your appointment may need to be rescheduled to another date and time and you will be charged the \$300 rescheduling fee. Traffic, weather, car delays and other issues cannot be foreseen, so it is important to plan ahead with the expectation of arriving well in advance of your schedule appointment time.

**Rescheduling & Cancellation Policy** - In the event a scheduled procedure must be canceled, 10 (ten) business days' notice is required. This may be accomplished by calling and Downsize via telephone at 832-955-1221. If you do not get a person when you call, it is very important that you leave a detailed message noting your name, procedure date and that you want to reschedule or cancel so that you do not incur any penalties.

- If you reschedule your procedure with less than 10 (ten) business day's notice, we reserve the right to impose a \$1000.00 fee.
- In the event the required notice is not given for cancellations, a cancellation fee of \$1000.00 **will** be imposed or charged to the credit card on file. If you do not show up on the date and time of your scheduled procedure, a \$1000.00 fee **will** be imposed or charged to the credit card on file.
- A Doctor's note is required for all cancellations that are of a medical nature. A refund will not be processed for traffic or loss of transportation for the day of your appointment, or if you fail to return your prescriptions.
- If you request a refund and you are issued a refund for any payment that you've made, a \$20 administrative fee will be imposed, and you will therefore be refunded \$20 less than the amount that you paid.

There may be times when we run late. This is due to unforeseen clinical need of a patient which we must accommodate. We respect our patient's time and will do all that we can to be on schedule.

By placing my signature, I certify that I have read, or have read to me the contents of this form. *If you have not yet signed up for a procedure, these policies will be on file for you in the event that you later decide to schedule a procedure after your date of consultation.*

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

\_\_\_\_\_  
Date

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