

INSTITUTE FOR HORMONAL BALANCE, LLC

No Show Policy

To better serve its patients, The Institute for Hormonal Balance requires at least 2 business days of advance notice in the event a patient is unable to keep a scheduled appointment.

I _____, understand the importance of keeping my scheduled appointment and, should I be unable to keep my scheduled appointed time, I agree to notify the Institute For Hormonal Balance at least two (2) business days in advance. I also understand that if I do not provide the required notice, I will be charged: \$200 fee for a missed follow-up appointment; \$50 for a missed carotid artery scan, thyroid ultrasound and/or VO2 test.

In addition, I agree to notify the Institute for Hormonal Balance at least one (1) business day if I need to cancel and/or reschedule my Intravenous infusion (IV) appointment. In the event that I do not notify the office within the one (1) business day, I understand that I will be charged the full price of the IV.

Finally, I understand that the Institute For Hormonal Balance respectfully reserves the right to terminate its relationship with any patient who misses three (3) or more appointments.

Signed _____
(Patient or person authorized to consent for patient)

Date _____