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NEW CANCELLATION POLICY EFFECTIVE January 2019

Effective January 1, 2019, the following cancellations/rescheduling policy will be in place for this practice. If an appointment is missed, cancelled, or changed with less than 24 hours notice, you will be billed directly a fee of \$50.00.

THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE COMPANY.

I realize that there are many things that come up in people's day to day lives. While I'm truly sympathetic, I cannot absorb the financial responsibility of last minute cancellations. I reserve a specific time for each client thereby affording individual care to everyone. In fairness to all clients, this policy is in effect regardless of the reason for cancellation.

By signing below, you acknowledge that you have read and understand the Cancellation Policy for my practice as described above.

Thank you for your understanding and cooperation.

Signature: _____

Date: _____