**Dr. Linda Comin**

**Oceanside, CA 92054**

**www.drcomin.com**

**951-972-7221**

**Cancellation, Rescheduling, & Missed Appointment Policies**

Dr. Comin only sees one patient at a time and gives each patient her full attention, and she only sees a limited number of patients per day. When you make an appointment, the scheduled time is reserved for you exclusively.

For these reasons, if you are unable to make your appointment as scheduled, Dr. Comin needs to know in advance so that she can contact other patients who are waiting for an appointment.

**Cancellation Policy:**

**48 Business Hour cancellation policy**. For example, if your appointment is scheduled for Monday at 10 a.m., you must cancel the appointment no later than 10 a.m. the Thursday before the appointment. If the appointment is on Wednesday at 2 p.m., it must be cancelled no later than Monday at 2 p.m. Late cancellations made within the 48 Business Hour window will be billed at the following rates: $80-$150 depending on client’s re-imbursement rate according to your insurance payment. Missed appointments without any prior notice will be billed in full.

We understand that emergencies occur and are willing to work with you and make exceptions for medical emergencies. In the case of an emergency, this Cancellation Policy does not apply. Please let us know as soon as possible if this is the case.

The patient is always responsible to call **48 Business Hours** prior to their scheduled appointment time to reschedule or cancel. Furthermore, as soon as you are aware that you will not be making your appointment please be kind enough to let us know so that we can contact a client that is waiting for an opening.

Our office will confirm your appointment at least **48 Business Hours** in advance by text message. As soon as you receive the text message reminder please let us know what your intention is. Thank you.

To cancel or reschedule an appointment, please call 951-972-7221. If you cannot reach us by phone, you may leave a detailed voice message or detailed text message letting us know that you will not be keeping your appointment and if you would like to be rescheduled. Thank you so much for your consideration.

Please sign below to indicate that you have read and understood the above-stated policies.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_