

# Functional Medicine Clinic

## Appointment Time Agreement

*Please read & initial by the following statements & sign completed form.*

*Please give this completed form to the front office staff and you may request a copy for your records with a front desk staff member.*

- ❖ \_\_\_\_\_ I understand that if I do not show to my first Functional Medicine appointment I will be charged a \$250.00 No-Show Fee.
  
- ❖ \_\_\_\_\_ I understand that I will need to arrive 20 minutes prior to my scheduled appointment to fill out necessary paperwork.
  
- ❖ \_\_\_\_\_ I understand if I am more than 20 minutes late or do not show up to any future Functional Medicine appointment(s), I will be charged \$100.00 fee & will need to re-schedule to a later date.
  
- ❖ \_\_\_\_\_ I understand that if I need to reschedule or cancel for any reason, it must be at least 24 hours prior or you will be charged a \$100.00 Late-Cancellation Fee.

Print Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient/Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

\*Initial & date that form has been completed. \_\_\_\_\_

\*Place in 30 day file to be scanned.

\*Document "FMC Time Agreement scanned to monthly file." In the "NOTES" section of the patient's hub.