

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.