David C. Hogue, D.D.S.
4927 FM 2920
Spring, Texas 77388
281-350-0797

Patient's Name ______________________________

ACKNOWLEDGEMENT OF NO SHOW AND LATE CANCELLATION POLICY:

The policy for no shows and/or late cancellations is as follows: A $25.00 fee will be assessed for patient appointments not kept or cancelled at least one day prior to the appointment date. This fee will be due from the patient and is **not payable by insurance.**

There will be a charge of $25.00 for all no shows or late cancellations. This will be due and payable by the 15th of the following month or required to be paid prior to scheduling another appointment, which ever comes first.

As a courtesy we will attempt to contact you the day before your appointment to remind you of your appointment time, but it is ultimately your responsibility to keep your appointment or notify us of a change.

I (we) understand and agree to this policy.

Signature:_____________________ Date:________________