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## Cancellation and No-Show Policy

PATIENT NAME: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Lakeside MRI & Diagnostic Health reserves the right to charge a fee of \$50.00 to any patients who fail to keep their appointments, or do not notify the practice in a timely manner to cancel their appointments. We ask that all patients please give us a minimum of 24 hours' notice of cancellation.

I have read and understand the No-Show Policy and do agree that if I do not cancel my appointment 24 hours prior to my appointment, or if I do not attend my appointment, I will be charged the \$50.00 fee

"No-Show" fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to scheduling your next appointment. Multiple "no shows" in any 12 month period may result in termination from our practice.

Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. We understand there can be special unavoidable circumstances which may cause you to cancel with short notice. Please let us know if this happens. In these instances the fee may be waived.

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*By signing below, you acknowledge that you have received this notice and understand this policy.*

Signature \_\_\_\_\_

Date \_\_\_\_\_