



CLINIC POLICY

Patient: _____

Date: _____

Varsity Orthopedics is dedicated to providing you with excellent, comprehensive medical care by ensuring that you are educated about your diagnosis, management plan and medical therapies.

CANCELATION POLICY

Our office hours are 8:00 am – 5 pm Monday, Tuesday and Friday with surgeries scheduled on Wednesdays and Thursdays. Due to limited availability, beginning February 1, 2024 we will be implementing a **24 HR. CANCELTION POLICY**. When you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If you need to cancel/reschedule your appointment, please make sure to give our office a call 24 hours in advance. Failure to give notice will result in a **\$50 cancellation fee**.

If you arrive more than 15 minutes late to your visit, you may be asked to reschedule. We are happy to try and work you in as time permits but we ask for your patience. If you are late and have to be rescheduled, a **\$50 cancellation fee** may be charged.

NO SHOW POLICY

Please be advised that we have implemented a **“NO SHOW”** policy effective February 1, 2024. When you no show your appointment you are taking valuable time from another patient who may have needed that time. This “no show” policy reserves Varsity Orthopedics the right to dismiss a patient from the practice for habitually no showing appointments, canceling appointments, or rescheduling. If you no show to your scheduled appointment, you will be charged a **NO SHOW FEE OF \$50**.

If there is a balance on your account due to a no show or cancellation fee, the balance will need to be paid in full prior to making an appointment.

We value your time, but due to the individualized care Varsity Orthopedics provides to every patient, sometimes we run behind schedule. Please be assured that we will spend the time needed to provide you with the best care possible.

I, _____ have read and understand the above policies.

Print Name

Patient Name

Today's Date

Parent / Guardian Name

Parent / Guardian Signature