

## Anderson Integrative Medicine, PLLC 3031 S. Russell St. Missoula, MT 59801 Phone: (406) 493-0712 Fax: (406) 327-6702

email: matt@andersonmedicine.com

## **Cancellation Policy**

## Please read carefully and sign

Due to high patient demand we require a 24-hour notice to cancel an appointment. We are trying to accommodate everyone and apologize for any inconvenience this may cause. If you do not give 24 hours notice you will be charged \$75.00 for the missed appointment. You are responsible for this; your insurance company will not pay this fee.

If unforeseen circumstances arise and you are able to give notice that is less than 24 hours we will do our best to fill the vacancy. If we are able to do so, you will not be charged. The more notice you can give the better able we are to accommodate other patients who may be on a waiting list.

Thank You

## I agree to the Anderson Integrative Medicine PLCC Cancellation Policy

Please Print Name	
Signature	
Date	