112 Main Street, Suite 104
Northborough, MA 01532
acornhealthservices@gmail.com
phone (508)691-6086
fax (508)691-6089

Cancellation Notice & No-Show Policy

Patient Name:_____ Date of Birth_____

A twenty-four hour notice is required for any cancellations. If sufficient notice is not given, a $50.00 fee will be incurred. This fee is not billable to your insurance company, and therefore is your responsibility.

A patient will be discharged from our practice after three no-shows. We respect our patient's time and expect patients to respect ours.

I have read and understand the above statement.

_____ _____
Patient's Name (please print) **Today's Date**

_____
Patient's or Guardian's Signature
(if patient is under 18 years of age)