

**Washington Center for Weight Management & Research**  
**2800 S. Shirlington Road, Suite 505**  
**Arlington, VA 22206**  
**703-807-0037 (phone)**  
**703-807-0038 (fax)**

**CANCELLATION/NO SHOW POLICY**

Dear Patient:

We realize that your time is valuable and know that you understand that the time of our providers is valuable as well. In an effort to make appointments available to as many patients as possible, we have instituted a new cancellation/no show policy effective immediately.

If you are unable to keep your scheduled appointment with any of our providers, we ask that you please provide us notification at least one full business day (no less than 24 hours) in advance so that we may provide an opportunity for another patient to seek our services. If you do not notify us of your intent to cancel a scheduled appointment at least 24 hours prior, you will then be responsible for an out-of-pocket cancellation fee of 50% of the scheduled visit charge.

Fees charged for missed appointments must be paid in full within ten business days upon the receipt of our bill.

We appreciate your efforts in improving access to all of our providers. If you have any questions, please feel free to contact our Practice Administrator, Michelle Vaughan at 703-807-0037.

I have read the above policy and agree to its terms. Furthermore, I acknowledge that I will be legally responsible for the prompt payment of any assessed cancellation/no show fee.

\_\_\_\_\_  
\_\_\_\_\_  
Patient's Signature

Date