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New Policy

We understand that sometimes a patient is unable to make a scheduled appointment due to unforeseen circumstances. However, we will now require patients to cancel appointments within 24 hours of a scheduled visit, or be charged **\$50.00**.

Please know you are a highly valued patient at Castellini Care. We schedule appointments so that each patient has the time and attention he or she deserves. I am sure you are aware that missing an appointment prevents us from giving you the care you need, and is detrimental to us because it prevents us from scheduling another patient who needs our care as well. When appointments are missed, our talented staff sits idle. I am sure you understand we cannot run a successful practice by continually allowing missed/cancelled appointments.

I agree to pay \$50.00 cancellation/missed appointment fee:

Patient signature _____ Date _____

Print Name _____

Credit Card Information:

NAME _____

CREDIT CARD NUMBER _____

EXP DATE _____ **CCV** _____

Billing Zip Code _____